

## ROOFING CONTRACTOR QUESTIONNAIRE

Full Name of Applicant:	<input type="text"/>	Agent's Name	<input type="text"/>
Mailing Address:	<input type="text"/>	Mailing Address:	<input type="text"/>
Location	<input type="text"/>	Proposed Effective Date:	
Website	<input type="text"/>	From: <input type="text"/>	12:01 A.M, Standard Time at the address of the Applicant
		To: <input type="text"/>	

Applicant is:

Individual       Joint Venture       LLC  
 Corporation       Partnership       Other - Specify

### SECTION I - GENERAL INFORMATION

1) Years in Business under current name:

Provide other names which you have conducted business:

2) States in which you will do or have done business:

3) Description of Operations:

4) Percentage of operations: General Contractor %      Subcontractor %      Owner/Builder %

5) Direct Payroll, Subcontractor Cost and Gross Sales:  
Estimates for next 12 months: Direct Payroll \$       Subcontractor Cost \$       Gross Sales \$

Actual for five prior years:

<u>Year</u>	<u>Direct Payroll</u>	<u>Subcontractor Cost</u>	<u>Gross Sales</u>

**Note: When used in this questionnaire, RESIDENTIAL means any work or operations related to any job or project involving the construction, repair, remodeling, renovation, maintenance, change or modification of single-family dwellings, multi-family dwellings (other than apartments), condominiums, townhouses or cooperatives.**

6) Percentage of Construction Types performed by you on your behalf:

Construction Types

Residential	<input type="text"/>	%
Commercial /Industrial	<input type="text"/>	%
All Types	<input type="text"/>	

Indicate the percentage of work to be performed by you or on your behalf that is:

New Construction (check here if none)

Single-Family-Tract	<input type="text"/>	%
Single-Family-Custom	<input type="text"/>	%
Condo/Townhome/Townhouse	<input type="text"/>	%
Commercial-Condo	<input type="text"/>	%
Commercial-Except Condo	<input type="text"/>	%
All Types	<input type="text"/>	

Indicate the percentage of work to be performed by you or on your behalf that is:

Remodeling, Repair & Replacement (check here if none)

Single-Family-Tract	<input type="text"/>	%
Single-Family-Custom	<input type="text"/>	%
Residential Condo/Townhome/Townhouse	<input type="text"/>	%
Residential Condo Conversion	<input type="text"/>	%
Commercial- Condo	<input type="text"/>	%
Commercial-Except Condo	<input type="text"/>	%
All Types	<input type="text"/>	

**SECTION II - ROOFING OPERATIONS ONLY**

1) Indicate the percentage of work to be performed by you or on your behalf by subcontractors that is:

Low-slope (14 degrees or less)  % Steep-slope (greater than 14 degrees)  %

2.) Indicate the percentage of LOW-SLOPE ROOFING work to be performed by you or your behalf by subcontractors that is:

- Polymer-modified Bitumen Sheet Membrane  %
- Single-ply Membrane - Thermoplastic  %
- Single-ply Membrane- Thermoset  %
- Built-up Membrane - Cold-applied Adhesive  %
- Built-up Membrane- Other Than Cold-applied Adhesive  %
- Spray Polyurethane Foam-based  %
- Metal Panel  %
- Vegetative Roof System  %
- Other (describe)  %
- All Types

3) Indicate the percentage of STEEP-SLOPE ROOFING work to be performed by you or on your behalf by subcontractors that is:

- More than 3 Stories  %
- 3 Stories or Less  %
- All Types

4) Are torches, hot-air welders, heating kettles or heating tankers used? If yes, please explain the process and safety precautions used to prevent fires during and after work hours:  YES  NO

5) Is all work involving the use of torches performed by employees who have completed the National Roofing Contractors Association's Certified Roofing Torch Applicator Program (CERTA)? If Yes, please attach copies of certificates. If No, please explain employee training and supervisory practices with respect of torch and welding work:  YES  NO

6) Are roof openings covered to prevent weather infiltration after work hours? If yes, please explain methods and supervisory practices:  YES  NO

7) Do you have a formal fall-protection safety program? If yes, please explain:  YES  NO

8) Are all jobs inspected by a job supervisor or foreman upon completion of work but before leaving the job site? If yes, please explain in detail:  YES  NO

9) Are you a member of the National Roofing Contractors Association?  YES  NO

Membership ID:

**SECTION III - ALL OPERATIONS OTHER THAN ROOFING**

1) Percentage of construction work using percentage of Direct Payroll under "Direct" and percentage of Subcontractor Cost under "Subbed" as the basis.

	Direct	Subbed		Direct	Subbed		Direct	Subbed
BLASTING	<input type="text"/> %	<input type="text"/> %	EXCAVATION	<input type="text"/> %	<input type="text"/> %	SEISMIC RETROFITTING	<input type="text"/> %	<input type="text"/> %
BOILER	<input type="text"/> %	<input type="text"/> %	FIRE SUPPRESSION	<input type="text"/> %	<input type="text"/> %	SEWER/WATER	<input type="text"/> %	<input type="text"/> %
BRIDGE BLDG	<input type="text"/> %	<input type="text"/> %	GAS MAIN	<input type="text"/> %	<input type="text"/> %	SOLAR	<input type="text"/> %	<input type="text"/> %
CARPENTRY	<input type="text"/> %	<input type="text"/> %	GRADING	<input type="text"/> %	<input type="text"/> %	STEEL (ORNAMENTAL)	<input type="text"/> %	<input type="text"/> %
CONCRETE	<input type="text"/> %	<input type="text"/> %	HAZARDOUS MATERIAL	<input type="text"/> %	<input type="text"/> %	STEEL (STRUCTURAL)	<input type="text"/> %	<input type="text"/> %
CRANE RENTAL	<input type="text"/> %	<input type="text"/> %	HVAC	<input type="text"/> %	<input type="text"/> %	STREET/ROAD	<input type="text"/> %	<input type="text"/> %
DEMOLITION	<input type="text"/> %	<input type="text"/> %	INSULATION	<input type="text"/> %	<input type="text"/> %	STUCCO	<input type="text"/> %	<input type="text"/> %
DRILLING	<input type="text"/> %	<input type="text"/> %	MAINTENANCE	<input type="text"/> %	<input type="text"/> %	SUPERVISORY ONLY	<input type="text"/> %	<input type="text"/> %
DRYWALL	<input type="text"/> %	<input type="text"/> %	MASONRY	<input type="text"/> %	<input type="text"/> %	TANKS	<input type="text"/> %	<input type="text"/> %
EARTHQUAKE REPAIR	<input type="text"/> %	<input type="text"/> %	MECHANICAL	<input type="text"/> %	<input type="text"/> %	WATER-PROOFING	<input type="text"/> %	<input type="text"/> %
EIFS/SYNTHETIC STUCCO	<input type="text"/> %	<input type="text"/> %	PAINTING	<input type="text"/> %	<input type="text"/> %	OTHER (DESCRIBE)	<input type="text"/> %	<input type="text"/> %
ELECTRICAL	<input type="text"/> %	<input type="text"/> %	PLASTERING	<input type="text"/> %	<input type="text"/> %	<input style="width: 100px;" type="text"/>	<input type="text"/> %	<input type="text"/> %
			PLUMBING	<input type="text"/> %	<input type="text"/> %			

**SECTION IV - ALL OPERATIONS**

1) Description of five largest jobs completed in the past three years:

<u>Date Completed</u>	<u>Customer</u>	<u>Description of Work Performed</u>	<u>Contract Value</u>

2) Description of five largest jobs in-progress:

<u>Date Started</u>	<u>Customer</u>	<u>Description of Work Performed</u>	<u>Contract Value</u>

3) Have you been cited by OSHA for violations in the past five years?

YES  NO

If yes, please explain:

4) Do you employ a full-time safety director?

YES  NO

Name:

Telephone:

5) Have you built, are you currently, or will you build on hillsides, terraces, landfills or subsidence areas?

YES  NO

If yes, please explain:

6) Do you have operations other than construction?  YES  NO Covered by other insurance?  YES  NO

If yes to either question, please explain:

7) Do you hire independent contractors to perform work on your behalf?  YES  NO

If no, please disregard 8, 9, 10 and 11.

8) Do you execute written contracts including indemnification clauses in your favor with all independent contractors performing work for you?  YES  NO

If no, please explain:

9) Do your written contracts with your independent contractors require the independent contractor to maintain Commercial General Liability insurance including you as an Additional Insured?  YES  NO

If yes, minimum limits of insurance required?

10) Do your written contracts with your independent contractors require the independent contractor to maintain Workers Compensation insurance?  YES  NO

If no, please explain exceptions:

11) Do you maintain copies of contracts and Certificates of Insurance for a minimum of ten years?  YES  NO

If no, how long?

12) Do you employ temporary, volunteer or casual workers?  YES  NO

If yes, please describe:

13) Do you maintain Workers Compensation insurance?  YES  NO

If yes, please attach your current Experience Modification worksheet.

14) Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  YES  NO

If yes, please provide detailed explanation below

Please note the following documents are material to completion of the questionnaire and must be attached:

- Five year loss summary based on company loss runs valued within 90 days of the proposed effective date.
- Current Workers Compensation Experience Modification Worksheet.
- Statement of qualifications, brochure or other advertising material.
- Copies of open and closed OSHA violations and related correspondence.

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date

Title

**If you prefer not to return application with an electronic signature, please print and sign below:**

Signature of Applicant or Authorized Representative

Current Date:

Title

**General fill-in area for further explanation.**