

ROOFING CONTRACTOR QUESTIONNAIRE

Full Name of Applicant:

Agent's Name

Mailing Address:

Mailing Address:

Location

Proposed Effective Date:

Website

From:

12:01 A.M, Standard Time at
the address of the Applicant

To:

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:

Year

Direct Payroll

Subcontractor Cost

Gross Sales

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:

	<u>Construction Types</u>	
Residential		%
Commercial /Industrial		%
	All Types	=100%

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

	<u>New Construction (check here if none)</u>	
Single-Family-Tract		%
Single-Family-Custom		%
Condo/Townhome/Townhouse		%
Commercial-Condo		%
Commercial-Except Condo		%
	All Types	=100%

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

	<u>Remodeling, Repair & Replacement (check here if none)</u> <input type="checkbox"/>	
Single-Family-Tract		%
Single-Family-Custom		%
Residential Condo/Townhome/		%
Townhouse Residential Condo		%
Conversion Commercial- Condo		%
Commercial-Except Condo		%
	All Types	=100%

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)	%
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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 =100%

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 =100%

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
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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
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6) Are roof openings covered to prevent weather infiltration after work hours? If yes, please explain methods and supervisory practices:	YES	NO
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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 Consider "Subbed" as the basis.

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

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>
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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>
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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:

Title

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

General fill-in area for further explanation.