

ROOFING CONTRACTOR QUESTIONNAIRE

FullNameofApplicant:

Agent's Name

Mailing Address:

Mailing Address:

Location:

Proposed Effective Date:

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

To:

Website:

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	%
Commercial / Industrial	%
All Types	=100%

Indicate the percentage of work to be performed by you or on your behalf that is New Construction? %

Check here if none

Of the New Construction, what percentage is:

Single-Family-Tract	%
Single-Family-Custom	%
Residential Condo/Townhome/Townhouse	%
Commercial-Condo	%
Commercial-Except Condo	%
All Types	=100%

Indicate the percentage of work to be performed by you on your behalf that is Remodeling, Repair & Replacement? %

Check here if none

Of the Remodeling, Repair & Replacement, what percentage is:

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) | % |
|--------------------------------|---|---------------------------------------|---|
- 2) Indicate the percentage of LOW-SLOPE ROOFING work to be performed by you or on 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) What percentage of your work includes the use of:
- | | |
|------------------------------------|---|
| Roofing torches | % |
| Hot air welders | % |
| Heating kettles or heating tankers | % |
- Explain the process and safety precautions used to prevent fires during and after work hours:
- 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)? Yes No
- If yes, please attach copies of certificates.
- If no, please explain employee training and supervisory practices with respect of torch and welding work:

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

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

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

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	%	%	Excavation	%	%	Plumbing	%	%
Boiler	%	%	Fire Suppression	%	%	Seismic Retrofitting	%	%
Bridge Building	%	%	Gas Main	%	%	Sewer / Water	%	%
Carpentry	%	%	Grading	%	%	Solar	%	%
Concrete	%	%	Hazardous Material	%	%	Steel (Structural)	%	%
Crane Rental	%	%	HVAC	%	%	Steel (Ornamental)	%	%
Demolition	%	%	Insulation	%	%	Street / Road	%	%
Drilling	%	%	Maintenance	%	%	Stucco	%	%
Drywall	%	%	Masonry	%	%	Supervisory Only	%	%
Earthquake Repair	%	%	Mechanical	%	%	Tanks	%	%
EIFS/Synthetic Stucco	%	%	Painting	%	%	Waterproofing	%	%
Electrical	%	%	Plastering	%	%	Other (Describe)	%	%

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 questions 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?
If no, please explain: | Yes | No |
| 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?
If yes, what minimum limits of insurance are required? | Yes | No |
| 10) Do your written contracts with your independent contractors require the independent contractor to maintain Workers Compensation insurance?
If no, please explain exceptions: | Yes | No |
| 11) Do you maintain copies of contracts and Certificates of Insurance for a minimum of ten years?
If no, how long? | Yes | No |
| 12) Do you employ temporary, volunteer or casual workers?
If yes, please describe: | Yes | No |
| 13) Do you maintain Workers Compensation insurance?
If yes, please attach your current Experience Modification Worksheet. | Yes | No |
| 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?
If yes, please provide a detailed explanation below: | Yes | No |

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.

General fill-in area for further explanation.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 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 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:

Date:

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