**ROOFERS QUESTIONNAIRE**

(COMPLETE IN ADDITION TO GL APPLICATION)

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| Applicant’s Name:  Mailing Address:    Location Address:    Website Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. What percentage of your work is residential** (homes, condominiums)?      %

**What percentage of your work is commercial** (office buildings, schools, retail establishments)?      %

**What percentage of your work is industrial** (plants, warehouses)?      %

**TOTAL:** 100%

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.** | **Type of Roofing Operation** | **Residential** | **Commercial** | **Industrial** | **Percentage  of Total  Operations** |
| What percentage of work is New Construction? | % | % | % | % |
| What percentage of work is Repair/Patching? | % | % | % | % |
| What percentage of work is Replacement? | % | % | % | % |
| Total: | 100% | 100% | 100% | 100% |
| What percentage of work is on Pitched Roofs? | % | % | % | % |
| What percentage of work is on Flat Roofs? | % | % | % | % |
| Total: | 100% | 100% | 100% | 100% |

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|  | **Indicate type of work performed and  percentage of operations within Type of  Roofing Operation** | | **Residential** | **Commercial** | **Industrial** | **Percentage  of Total  Operations** |
| Shingles/Shakes: | Asphalt | % | % | % | % |
|  | Fiberglass | % | % | % | % |
|  | Wood | % | % | % | % |
|  | Concrete | % | % | % | % |
|  | Slate | % | % | % | % |
| Metal | | % | % | % | % |
| Shingle Ply | | % | % | % | % |
| Tile | | % | % | % | % |
| Polyurethane Foam: | Sheet Form | % | % | % | % |
|  | Sprayed | % | % | % | % |
| Hot Tar and/or Asphalt/Built up | | % | % | % | % |
| Rubber/Elastomerics | | % | % | % | % |
| Other (describe): | | % | % | % | % |
| Total: | | 100% | 100% | 100% | 100% |

**3. Check work done other than roofing:**  Waterproofing  Siding  Asbestos removal  Rain gutters

Carpentry  Insulation  Other (describe):

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| --- |
| **4. If hot tar, torch or other “hot process” is used, explain in detail the process and what safety precautions are used:** |

**5. Do you subcontract any work?**  Yes  No

If yes, what percentage do you subcontract?      %

**6. Check the type of work subcontracted out:**  Waterproofing  Siding  Hot tar  Rain gutters

Carpentry  Insulation  Other (describe):

**7. What is the annual cost of the work subcontracted out?** $      yearly

**8. Are Certificates of Insurance (of equal limits) received on all subcontracted work?**  Yes  No

**9. How long are Certificates of Insurance kept?**  Until job ends  One year  Two years  Three years

More than three years  Never kept

**10. Do you utilize “day laborers”?**  Yes  No

If yes, how many within a year?

**GENERAL INFORMATION**

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| **11. List any roofing/builder associations in which you are a member:** |

**12. Receipts, Payroll and Number of Employees for previous three years:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Receipts** | **Payroll** | **No. of Full-Time  Employees** | **No. of Part-Time  Employees** |
|  | $ | $ |  |  |
|  | $ | $ |  |  |
|  | $ | $ |  |  |

**13. Do you offer warranties?**  Yes  No

If yes, attach copies of warranty.

**14. What is the average height of buildings you work on?**       stories

**15. What is the tallest building you will work on?**       stories

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| **16. Where do you dispose of trash/waste/scraps?** |

**17. Is this disposal process environmentally safe?**  Yes  No

**18. Have you ever used, sold, installed or worked with asbestos?**  Yes  No

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| --- |
| If yes, explain: |

**19. Any LPG storage?**  Yes  No

If yes, how much?

How is it stored?

|  |
| --- |
| What are the safety precautions? |

**20. List the five largest jobs and types in the last three years:**

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| --- |
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |

**21. Years of experience:**

**MATERIALS AND EQUIPMENT**

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| **22. List the type of owned equipment used on the job:** |

**23. List any equipment rented and check the frequency of such rental:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EQUIPMENT RENTED** | | | | |
| **Type of Equipment** | **How often do you rent this equipment?** | | | |
| **Daily** | **Weekly** | **Monthly** | **Yearly** |
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**PUBLIC PROTECTION**

**24. Do you have a written safety program?**  Yes  No

**25. How do you protect the general public from potential injury?** Check one or more:

Rope off work area  Signs  Cones  Flashing lights  Man always on the grounds

No protection necessary  Other (describe):

**26. How are materials lifted to the roof?**  Ladder  Hoist  Pulley  Crane

Other (describe):

**27. Are materials and equipment left overnight at job site?**  Yes  No

**28. In what manner are openings in roof protected overnight?**

Tarp  Waterproof plywood  Never leave openings

Other (describe):

**29. What on-the-job precautions do you take when rained on?**

Leave job immediately  Seal openings  Keep on working  Never start job

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| Remarks (be specific): |

**30. Are all jobs inspected by a foreman or the contractor at completion before leaving the job site?**  Yes  No

**FRAUD WARNING:** 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional information  as to the nature and scope of the report, if one is made, will be provided. | | |