



Mid Valley General Agency LLC
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ROOFERS QUESTIONNAIRE
 (COMPLETE IN ADDITION TO GL APPLICATION)

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%

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): _____

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

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

16. Where do you dispose of trash/waste/scrap? _____

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

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

1. _____

2. _____

3. _____

4. _____

5. _____

21. Years of experience:..... _____

MATERIALS AND EQUIPMENT

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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: _____

IMPORTANT NOTICE

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.