

ROOFING CONTRACTORS

Insured: _____

Mailing Address: _____

Location: _____

Proposed Effective Date: _____

Limits of Liability Requested: _____

Coverage: Each Occurrence: Aggregate Split Limit: BI: _____

Combined Single Limit: \$ PD _____

Deductible: BI PD _____

Please answer all of the following questions:

- | | |
|--|-------------------------|
| 1. Operation | Percentage of your work |
| Residential (homes, condos) | _____ |
| Commercial (office buildings, schools, retail) | _____ |
| Industrial (plants, warehouses) | _____ |
| Residential new construction | _____ |
| Commercial new construction | _____ |
| Industrial new construction | _____ |
| Residential repair/patching | _____ |
| Commercial repair/patching | _____ |
| Industrial repair/patching | _____ |
| Residential replacement | _____ |
| Commercial replacement | _____ |
| Industrial replacement | _____ |
| Pitched roofs | _____ |
| Flat roofs | _____ |

Check type of roof and give percentage: Hot Tar Tile Shingles Slate
 Metal Single Ply Other (describe) _____

2. Check work done other than roofing: Waterproofing Siding Asbestos removal Rain gutters
 Carpentry Insulation Other
 (describe)

If hot tar or torch is used, explain in detail the process and what safety precautions are

3. used. _____

-
- Do you subcontract any work? Yes No If yes, what percentage do you subcontract? _____
4. _____
5. Check the type of work subcontracted out: Waterproofing Siding Hot Tar Rain Gutters Carpentry
 Insulation Other
(describe) _____
6. What is the annual cost of work subcontracted out? _____
7. Are Certificates of Insurance (of equal limits) received on all subcontracted work? Yes No
8. How long are Certificates of Insurance kept? Until job ends One year Two years Three years
 More than three years Never kept

General Information

- List any roofing/builder associations in which you are a member:
9. _____
-

10. Receipts for previous three years:
- | | |
|------------|----------------|
| Year _____ | Receipts _____ |
| Year _____ | Receipts _____ |
| Year _____ | Receipts _____ |

11. Do you offer warranties? Yes No If yes, attach copies of warranty
12. What is the average height of buildings you work on? _____
13. What is the highest building you will work on? _____
14. Where do you dispose of trash/waste/scraps? _____
-

15. Is this disposal process environmentally safe? Yes No
16. Have you ever used, sold, installed or worked with asbestos? Yes No If yes, explain. _____
-

17. Any LPG storage? Yes No If yes, how much? _____
- How is it stored? _____
- What are the safety precautions? _____
-

List five (5) largest jobs and types in the last three (3)

18. years:

19. Years of experience? _____

Materials and Equipment

20. List the types of owned equipment used on the job:

21. List the type of equipment rented and check the frequency of such rental:

Type of 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"/>

22. Do you have a written safety program? Yes No

23. 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) _____

24. How are materials lifted to the roof? Ladder Hoist Pulley Crane
 Other (describe) _____

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

In what manner are openings in roof protected overnight? Tarp Waterproof plywood Never leave

26. opening

Other (describe) _____

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

Loss Information

28. List all claims or suits brought against the applicant. Give amounts paid and/or reserved date and description of loss.
