

Roofers Questionnaire
(COMPLETE IN ADDITION TO GL APPLICATION)

Applicant's Name _____	Agency Name _____
Mailing Address _____	Agent _____
_____	Address _____
Location _____	_____
_____	E-mail _____
Web site Address _____	Phone _____

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"

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	% 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 operation within Type of Roofing Operation		Residential	Commercial	Industrial	% 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 & 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

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
 (Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

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.