



ROOFING CONTRACTORS QUESTIONNAIRE

ALL QUESTIONS MUST BE ANSWERED

1. Applicant Name:
Address:

Website Address:

Years in business under the applicant name:

Are you an NRCA (National Roofing Contractors Association) member?

Yes No
%

Percentage of Roofing Operations receipts to total Receipts

2. Contractor's license number:

States in which you do business:

Have you ever worked in, or do you anticipate working in New York State?

Yes No

Have you ever worked in, or do you anticipate working in any of the 5 boroughs of New York City?

Yes No

Have you ever worked in, or do you anticipate working in Colorado?

Yes No

3. List all other business names & licenses applicant has used in the past 10 years:

Describe the operations:

4. Does applicant currently own or operate any other business?

Yes No

If yes, please provide the name of the business and percentage of ownership:

Describe the operations:

5. Percentage of current operations: General Contractor % Subcontractor % Construction Mgr: %

6. Exposure Data Gross Receipts Payroll Sub Contract Costs

Projections for the upcoming year

Estimate for the year just completed

Actual for the first prior year

Actual for the second prior year

Actual for the third prior year

7. Roofing Operations

Building Type	Percentage of Work
Residential	%
Commercial	%
Industrial	%
Other	%

Slope	Percentage of Work
Pitched	%
Low Slope	%
Flat	%
Other	%

Method	Percentage of Work
Asphalt Shingle	%
Wood/Shake Shingle	%
Slate	%
Tile	%
Metal	%
Polyurethane Foam	%
Hot Tar	%

Method	Percentage of Work
Torch Down	%
Hot Air Welding	%
Modified Bitumen (hot)	%
Modified Bitumen (cold)	%
EPDM (hot)	%
EPDM (cold)	%
Other	%

8. Please list the percentage of your roofing operations work performed in connection with:

New Construction – Residential	%
New Construction Commercial	%

Re-Roofing	%
Roof Repair	%

9. Will your upcoming work involve new construction on condominiums? Yes No
 If yes, what is the percentage of total roofing operations? %
 Will your upcoming work involve repair or remodel work on condominiums? Yes No
 Will your upcoming work involve new construction on tract home developments? Yes No
 If yes please advise the maximum number of homes in the entire tract development?
 Will your upcoming work involve new construction on townhouses? Yes No
 Will your upcoming work involve repair or remodel work on townhouses? Yes No
 Will you do work for a stalled, abandoned or otherwise interrupted construction project? Yes No
 Have you ever worked on the conversion of apartments to condominiums? Yes No

10. Do you perform roof tear off operations? Yes No
 Do you subcontract roof tear off operations to others? Yes No

11. Please describe your weather detection procedures

12. Do you have a procedure for limiting the amount of roof to be opened at a time? Yes No
 Please describe the procedure utilized

Are there circumstances under which will you leave an unattended and “open roof” for a period of more than two hours? Yes No

If yes, please describe the circumstances

Please describe your “open roof” protection procedures

13. Heat Application Work
 Do you perform any Heat Application Roofing operations, including but not limited to Hot Tar, Torch Down, Hot Air Welding or use any equipment that has an open flame or produces heat or sparks? Yes No
 Do you perform any work utilizing the spraying of flammable liquids? Yes No
 Are your employees NRCA Torch Application certified? Yes No

Prior experience with heat application roofing operations

Years

What is the minimum length of time, in hours, that you remain on a heat application job site after the cessation of the application for any reason?

Please describe your Heat Application fire safety inspection procedures

14. Do you use Subcontractors? Yes No
Percentage of Work subcontracted %

Does the type of subcontracted work include the following:

- | | | | | | |
|------------------------|--|----------------|--|------------|--|
| Residential Roofing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Framing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Siding | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial Roofing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Plumbing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Welding | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Torch Down Application | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sheet Metal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heating/AC | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hot Tar Application | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gutters | <input type="checkbox"/> Yes <input type="checkbox"/> No | Demolition | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Window Installation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Debris Removal | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Do you utilize a standard subcontractor indemnification agreement that has been approved by counsel? Yes No

Do you obtain a standard written agreement from all subcontractors on all jobs? Yes No

If yes, please attach a copy to this questionnaire.

Do you collect Certificates of Insurance showing Additional Insured coverage for you from all subcontractors? Yes No

Do you allow subcontractors to begin work prior to the collection of Certificates of Insurance? Yes No

Do you have a procedure for reviewing and maintaining Certificates of Insurance? Yes No

15. Describe your three largest project over the past five years

Project Name/Description	Construction/Job Value
1	
2	
3	

16. Equipment

Do you use cranes? Yes No

Is this equipment rented? Yes No

Is equipment rented with operator? Yes No

Do you own or use scaffolding? Yes No

17. What is the maximum height at which you work? feet

18. Have there been any claims or suits against you in the past five years? Yes No

Are there any claims or legal actions pending against any entity named in this application? Yes No

After inquiry do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in this application? Yes No

Have you been accused of any faulty construction in the past five years? Yes No

Have you been accused of breach of contract in the past five years? Yes No

Please explain any yes answers to the questions above:

DEFINITIONS:

GENERAL CONTRACTOR – A contractor, who exercises primary control of the job site, typically subcontracts a significant portion of the work, and/or is named in the construction documents as the general contractor of record.

OPEN ROOF – Any roof or section of roof where the outermost layers of protective covering have been removed leaving exposed the underlying material structure, structure interior or its contents.

TORCH APPLIED ROOFING (MODIFIED BITUMEN) – This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

MODIFIED BITUMEN – Also called “modbit” membranes consist of an asphalt and polymer blend which allow the asphalt to take on characteristics of the polymer.

HOT AIR WELDING – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WARRANTY: The purpose of this Roofing Contractors Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of the applicant's insurability. Material misstatements or errors made on this form may provide a basis for the company's rescission of the policy at any time during the term of the policy, with the return of unearned premium. The undersigned, therefore, warrants that the information contained herein (consisting of 3 pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire shall be the basis of any insurance policy that may be issued.

Signature of Applicant:*

Name & Title:

Date:

*Must be owner, executive officer or partner of the company