



Roofers Questionnaire

Applicant's Name: _____

Mailing Address: _____

Locations: _____

Description of Roofing Operations:

Operation:

Percentage of your work:

Residential (homes,condos) _____%

Commercial _____%

Residential *NEW CONSTRUCTION* _____%

Commercial *NEW CONSTRUCTION* _____%

Residential *REPAIR WORK* _____%

Commercial *REPAIR WORK* _____%

Advise type of roof work by percentage:

Hot Tar _____%

Tile _____%

Shingles _____%

Slate _____%

Metal _____%

Single Ply _____%

Other (describe) _____%

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Do you perform any of the following ?

Percentage:

Waterproofing

_____ %

Siding

_____ %

Asbestos Removal

_____ %

Rain Gutters

_____ %

Mold Remediation

_____ %

Carpentry

_____ %

Insulation

_____ %

Other

_____ %

- **If hot tar or torch is used, describe safety precautions:** _____

- **Do you perform hot tar work over combustible roof decks?** _____

- **Regarding roof tear off, do you use the following procedures?:**

a) **Work should not begin that can't be completed by day's end or before inclement weather strikes. Yes _____ No _____**

b) **Professional weather service forecasts should be monitored throughout the day. Yes _____ No _____**

c) **Tear off work should be completed at the end of each day with all exposed areas being completely covered and properly secured. Yes _____ No _____**

d) **Any drains that were covered to prevent debris from entering should be re-opened before leaving the job site each day or prior to a rainstorm. Yes _____ No _____**

- Do you sub contract any work? Yes ___ No ___
Percentage sub-contracted: _____ %

- Describe work subcontracted: _____

- Do you obtain certificates of insurance from ALL sub contractors?
Yes _____ No _____

- Are you named as an additional insured on ALL sub contractors policies and are you always held harmless for work they perform on your behalf?
Yes _____ No _____

- Do you require all sub-contractors show proof of Workers Compensation coverage? Yes _____ No _____

- Details of any claim *greater than \$5,000*: _____

IF BOUND, WE REQUIRE THIS SECTION TO BE COMPLETED BY THE BROKER ON EACH ACCOUNT! THIS MUST BE DONE PRIOR TO OR AT BINDING!

RESIDENT OR NON-RESIDENT SURPLUS LINES LICENSEE INFORMATION FOR APPLICANT'S STATE OF DOMICILE:

Surplus license state _____

Surplus license # _____

Surplus license expiration date _____

Surplus licensee name _____

Affiliation with producer (e.g., owner, executive officer, employee) _____

Surplus lines agency name (if entity license)
