



## QUESTIONNAIRE – RESIDENTIAL ROOFERS

Proposed Named Insured: \_\_\_\_\_  
\_\_\_\_\_

	Yes	No
1. Do you perform (past, present or intended in future), any new residential construction? (Residential is defined as apartments, townhomes, condominiums, single family dwellings, track development and/or other multi-family housing.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you use any subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a subcontractor for any other contractors?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do your gross receipts exceed \$300,000?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have less than 3 years experience in roofing?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have, or ever had any operations in Arizona, California, or Nevada?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you apply hot tar, torch down, weld, vulcanize, or apply rubber roofs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you a general contractor, real estate developer or construction manager?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been named in a suit for defective workmanship or construction defects?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you own real estate development property?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you employ architects or engineers?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have any current or prior projects involving the use of exterior insulation and finishing systems (Also known as "EIFS" or "synthetic stucco")?	<input type="checkbox"/>	<input type="checkbox"/>

**IF YES TO ANY OF THE ABOVE, THE RISK IS NOT ELIGIBLE FOR COVERAGE.**

### BUSINESS INFORMATION

1. Have you operated under any other name(s)? Yes No  
If yes, list name, address and years in operation. \_\_\_\_\_
2. Years in current business \_\_\_\_\_ Years of experience as a roofer \_\_\_\_\_
3. Contractors License No. and type \_\_\_\_\_

**ROOFING AND OTHER OPERATIONS**

1. Provide complete description of your roofing operations (new or remodeling/renovation, any demolition/gutting and rebuild, tenant buildout/improvements, complete buildings or room additions, non-structural remodels, seismic retrofit, etc.):

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2. Percent of roofing work performed by or on behalf of the named insured:

New Construction _____%	Residential _____%	Your employees _____%
Remodeling _____%	Commercial _____%	Subcontractors _____%
Repairs _____%	Industrial _____%	
<b>TOTAL 100%</b>	<b>TOTAL 100%</b>	<b>TOTAL 100%</b>

3. Do you specialize in any part of the construction of the following types of buildings?  Yes  No  
**If yes**, mark as many as are applicable.

- Nursing Homes       Condominiums       Hotels/Motels       Day Care Centers
- Apartments       Hospitals       Multi-family Habitational
- If yes, explain.

4. What percentage of your roofing work is performed on:

<b>A. Residential _____%</b> (homes, condos, townhouses)	<b>B. Commercial _____%</b> (office buildings, schools, retail)	<b>C. Industrial _____% = 100%</b> (manufacturing plants, warehouses)
<b><u>Of Residential roofing:</u></b>	<b><u>Of Commercial roofing:</u></b>	<b><u>Of Industrial Roofing:</u></b>
a. New Construction _____%	a. New Construction _____%	a. New Construction _____%
b. Repair/Patching _____%	b. Repair/Patching _____%	b. Repair/Patching _____%
c. Replacement _____%	c. Replacement _____%	c. Replacement _____%
<b>Total <u>100%</u></b>	<b>Total <u>100%</u></b>	<b>Total <u>100%</u></b>

5. What type of roofs do you work on? Pitched Roofs \_\_\_\_\_% Flat Roofs \_\_\_\_\_% Other \_\_\_\_\_%

6. What type of roofing applications do you perform? Check type of roof and give percentage:

Hot Tar <input type="checkbox"/> _____%	Polyurethane Foam <input type="checkbox"/> _____%
Tile <input type="checkbox"/> _____%	Wood Shake/Shingle <input type="checkbox"/> _____%
Slate <input type="checkbox"/> _____%	Hot Composition <input type="checkbox"/> _____%
Metal/Aluminum <input type="checkbox"/> _____%	Other : <input type="checkbox"/> _____%

**YES NO**

7. Do you use any spray method for applying roofing materials?

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- If yes, are flammable liquids or catalysts used?
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8. Do you install any type of elastomer roof covering?

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- If yes, does the elastomer installation require use of flammable liquid or open fire?
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9. Are all jobs inspected at completion before leaving job site?

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- 10.** Do you rent or loan machinery or equipment to others? If yes, describe \_\_\_\_\_ **Yes** **No**
- 11.** Do you perform work more than three stories in height above grade?  
 If yes, percentage \_\_\_\_\_% Describe. \_\_\_\_\_
- 12.** During roofing job, is exposed roof protected (tarps, other) when insured is not on premises?  
 If yes, describe procedures \_\_\_\_\_
- 13.** Are you now, or have you ever been, involved in the construction of new properties which are located in tract developments having more than ten (10) homes, townhomes or condominiums per year, including conversions or single family dwellings?
- 14.** Do you draw any plans or blueprints used in your construction work?  
 If yes, describe. \_\_\_\_\_    
 If yes, do you carry Professional Liability or Errors and Omissions insurance?

**15. CONTRACTUAL LIABILITY/ADDITIONAL INSURED**

Please list all parties for whom you have signed a contracts and/or hold harmless agreement, whether written or oral (contracting parties, date of contract, additional interest, cost) (PLEASE ATTACH COPIES OF ANY CONTRACTS)

NAME & ADDRESS	DATE OF CONTRACT	INTEREST	ADD'L INSURED
			<input type="checkbox"/>
			<input type="checkbox"/>

**HISTORY**

- 1.** Have you been involved in any other business besides roofing? **Yes** **No**  
   
 If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_
- 2.** Have you ever been involved in or are you aware of pending litigation against you, your current company, or any past company concerning defective workmanship or mold claims?    
 If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_
- 3.** Describe any types of operations or projects that you have discontinued (i.e. no longer build, did not complete, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. List the five largest projects undertaken by you in the past five years.**

Description	Job Cost	Project Duration

**6. List the three largest projects planned for the coming year.**

Description	Est. Job Cost	Project Duration

