

Roofing Contractor Supplemental Questionnaire
General Agency

Notice: This Questionnaire becomes part of the policy and must be signed in ink by the President, Owner or Authorized Representative of the Applicant.
Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this Questionnaire.
This document must be completed in addition to the ACORD Application.

Account Name:	Producer Name:
Account Contact Name:	Producer Email:
Account Website:	Account Email:

1. What year did you take over management of this business? _____

2. Percentage of work performed on:

Apartments: %	Condominiums: %	Industrial Buildings: %
One/Two Family Dwellings: %		Residential Tract: %
Office Buildings: %		Retail: %
Other: %	Please Explain:	

3. Percentage of work by type:

A.	Re-roof: %	Repair/ Patch Work: %	New Roof: %
B.	1-3 Story: %	4-5 Story: %	Over 5 Story: %
C.	Slate/ Tile: %	Wood Shake/Shingle: %	Composition: %
	Hot Composition: %	Polyurethane Foam: %	Metal/ Aluminum: %
	Other: %	Please Explain:	
D.	Flat:: %	Pitched: %	

4. Does applicant use hot tar? Yes: No: If "Yes," what percentage is "Hot Tar" work? _____%

5. Does applicant sub out "Hot Tar" work? Yes: No: Estimated costs of subs for "Hot Tar" work: \$_____.

6. Does applicant install roofing systems that require use of setting fire (torch work) to asphalt for application of other roofing materials? Yes: No: If "Yes," please describe the process _____

What percentage of work involves this process? _____%

7. Does applicant use any spray method for applying roofing materials? Yes: No: If yes, are flammable liquids or catalysts used? Yes: No:

8. Does applicant install any type of elastomer roof coverings which require spraying or use of flammable liquid or open fires for installation? Yes: No:

9. Are all jobs inspected by a foreman or the contractor at completion prior to leaving job site? Yes: No:

10. Please check which of the following the applicant uses:

Kettles:	<input type="checkbox"/>	Are the kettles equipped with automatic shut off valve?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>			
Roof Cleaning Tractors:	<input type="checkbox"/>						
Cranes:	<input type="checkbox"/>	Hoists:	<input type="checkbox"/>	Forklifts:	<input type="checkbox"/>	Scaffolding:	<input type="checkbox"/>

11. Does applicant sub out any work or directly engage in operations other than roofing? Yes: No:
If "Yes," please describe by class type of work being conducted total costs/ payroll by class.

Subcontracted Class Description	Costs	Direct Payroll Class Description	Payroll
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

12. Please explain any open structure claims applicant has had in last 5 years: _____

13. Do you have knowledge of any occurrence which may give rise to a claim against applicant?
Yes No If "Yes", please explain: _____

14. Please enter the percentage of payroll, costs and receipts generated from the following operations:

	Direct Payroll	Subcontractor Costs	Total Receipts
Roofing	%	%	%
Allied sheet metal work	%	%	%
Roofing related insulation	%	%	%
Roofing related waterproofing	%	%	%

15. Does the applicant have a documented and enforced fall protection program? Yes: No:

16. Does the applicant require the use of one of the following systems on all jobs? Yes: No:

Steep Sloop Roofs (>4/12 Slope)

- Guardrail system with toe boards
- Safety net system
- Personal fall arrest system

Low slope roofs (<4/12 slope)

- Guardrail system
- Warning line system
- Personal fall arrest system

17. Please list current membership in any trade associations.

Organization/ Association Name	Years of Active Membership

18. Contractor's States and License Numbers:

State	License Number

19. Provide payrolls, subcontract costs & sales for each of the last 5 years & estimate next 12 months.

Year	Direct Payroll	Subcontract Costs	Sales
Next 12 months	\$	\$	\$
1st Prior	\$	\$	\$
2nd Prior	\$	\$	\$
3rd Prior	\$	\$	\$
4th Prior	\$	\$	\$
5th Prior	\$	\$	\$

20. Please list the 5 largest jobs during the last 12 months.

Job	Receipts
	\$
	\$
	\$
	\$
	\$

21. Do you or your employees ever act as public adjusters in order to negotiate and act as an intermediary between the insured and the insurer? Yes: No:

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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and/or civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Other state specific notifications shown below).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____