



**Roofers Supplemental Questionnaire**  
*(To be submitted with a ACORD Applications)*

|  |   |                                    |  |
|--|---|------------------------------------|--|
| 1. Applicant:  |   |                                    |  |
| 2. Website Address:  |   |                                    |  |
| 3. Describe all operations:  |   |                                    |  |
|  |   |                                    |  |
| 4. Indicate type of work performed by you or your employees:   |   |                                    |  |
| a. Inspection / Maintenance  | %                                       | b. New Construction                | %  |
| c. Replacement   | %                                       | d. Repair                          | %  |
| 5. Indicate the type of structures that you or your employees will work on:                                    |   |                                    |  |
| a. Apartments  | %                                       | b. Condominiums                    | %  |
| c. One/Two Family Dwellings  | %                                       | d. Three/Four Family Dwellings     | %  |
| e. Office Buildings  | %                                       | f. Retail Buildings                | %  |
| g. Schools   | %                                       | h. Warehouses                      | %  |
| i. Other   | %                                       |                                    |  |
| 6. Number of Stories:  |   |                                    |  |
| a. 1 – 3 Stories   | %                                       | b. 4 – 5 Stories                   | %  |
| Over 5 Stories   |   | %                                  |  |
| 7. Roof Types:   |   |                                    |  |
| a. Pitched Roofs   | %                                       | b. Flat Roofs                      | %  |
| 8. Roofing Materials:  |   |                                    |  |
| a. Asphalt shingles  | %                                       | b. Concrete shingles               | %  |
| c. Fiberglass shingles   | %                                       | d. Hot Tar                         | %  |
| e. Metal/Aluminum  | %                                       | f. Rubber/Elastomeric Roofing      | %  |
| g. Sheet polyurethane foam   | %                                       | h. Sprayed polyurethane            | %  |
| i. Shingle ply   | %                                       | j. Slate shake                     | %  |
| k. Wood shake  | %                                       | l. Tile                            | %  |
| m. Torch applied   | %                                       | n. Other                           | %  |
| Describe:  |   |                                    |  |
| 9. If the insured does Torch Applied work please answer the following:   |   |                                    |  |
| a. Is the risk a member of the NRCA?   |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Have all employees performing torch applications been in a certified roofing torch applicator program       |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does the risk have a daily checklist for all torch jobs   |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are Torches inspected at the beginning of each shift for leaking shut-off valves, couplings, connections    |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Are a minimum of two fully charged fire extinguishers, with current inspection tags, always on the job site |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Is a minimum of two hours fire watch required, including checking the roof's underside and top deck         |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Does the person(s) performing the fire watch have any other duties while performing this function           |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Equipment used (owned or rented):  |   |                                    |  |
| a. <input type="checkbox"/> Cranes   | b. <input type="checkbox"/> Forklifts   |                                    |  |
| c. <input type="checkbox"/> Hoists   | d. <input type="checkbox"/> Kettles     |                                    |  |
| e. <input type="checkbox"/> Pulleys  | f. <input type="checkbox"/> Scaffolding |                                    |  |
| g. <input type="checkbox"/> Tractors (Roof cleaning)   |   |                                    |  |
| 11. Do you rent any equipment to others? <input type="checkbox"/> Yes <input type="checkbox"/> No              |   | a. If yes, what type of equipment? |  |
| 12. Do you leave materials and equipment overnight on job sites?   |   |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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|---|-------------------|---------------------|-------------------|---|----------------|
| 13. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? (For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration) |                   |                     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                |
| a. If "yes", please explain:  |                   |                     |                   |   |                |
|   |                   |                     |                   |   |                |
|   |                   |                     |                   |   |                |
| 14. Date of Corporate Filing or DBA:  |                   |                     |                   |   |                |
| 15. Years of experience:  |                   |                     |                   | Years /   | Months         |
| 16. Length of time in business:   |                   |                     |                   | Years /   | Months         |
| a. Full-time / Part-time:   |                   |                     |                   | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |                |
| 17. Are you licensed?   |                   |                     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                |
| a. Kind of license:   |                   |                     |                   | b. Year license issued:   |                |
| c. License No.:   |                   |                     |                   |   |                |
| 18. Number of:  |                   |                     |                   |   |                |
| a. Owners:  |                   |                     |                   | b. Partners   |                |
| c. FT Employees   |                   |                     |                   | d. PT Employees   |                |
| e. Leased Employees:  |                   |                     |                   | f. Day Laborers   |                |
| 19. State / Area of operations:   |                   |                     |                   | /   |                |
| a. Radius of operations from your main location:  |                   |                     |                   | Miles   |                |
| 20. List the past three projects including location, receipts, type of work performed, project start and end dates.   |                   |                     |                   |   |                |
| <u>Type of Work Performed</u>   | <u>Receipts</u>   | <u>Location</u>     | <u>Start Date</u> | <u>End Date</u>   |                |
|   | \$                |                     |                   |   |                |
|   | \$                |                     |                   |   |                |
|   | \$                |                     |                   |   |                |
| 21. Account history for prior 3 years:  |                   |                     |                   |   |                |
|   |                   | <u>Current Year</u> | <u>Last Year</u>  | <u>Year Before Last</u>   |                |
| a. Employee Payroll   |                   | \$                  | \$                | \$  |                |
| b. Total Revenue  |                   | \$                  | \$                | \$  |                |
| c. Total Subcontracted Costs  |                   | \$                  | \$                | \$  |                |
| 22. Do you normally use the same subcontractors   |                   |                     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                |
| 23. Please describe the operations performed by subcontractors for you below:   |                   |                     |                   |   |                |
| <u>Operation</u>  | <u>Percentage</u> | <u>Operation</u>    | <u>Percentage</u> |   |                |
| Carpentry   | %                 | Guttering           | %                 |   |                |
| Hot Tar   | %                 | Insulation          | %                 |   |                |
| Siding  | %                 | Waterproofing       | %                 |   |                |
| Other:  |                   |                     | %                 |   |                |
| 24. Are certificates of insurance obtained from subcontractors?   |                   |                     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                |
| a. Minimum Limits Required  |                   |                     |                   | \$  | per Occurrence |
| b. Are you named as an additional insured on the subcontractors' policies?  |                   |                     |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                |



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| 25. Do you use a written contract for all your subcontractors that includes a hold harmless clause in your favor?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. How long are certificates retained after the completion of work:  | Years / Months   |
| 27. Do you use a standard service contract that sets out your responsibilities?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Attach a copy of your contract, agreement and/or warranty:   | <input type="checkbox"/> Attached                        |
| 28. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Are all jobs inspected by a foreman or supervisor upon completion:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Is there a written record of the inspection made and retained with the job file:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Will any work be performed in the states of Nevada, California or South Carolina?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PRODUCER'S SIGNATURE  | DATE:  |
| APPLICANT'S SIGNATURE   | DATE:  |
| <b>APPLICABLE IN THE STATE OF NEW YORK:</b><br>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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. |  |

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| <b>FRAUD WARNING:</b><br>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. |
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