

**ROOFING CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE**  
**(Complete in Addition to Acord Application)**

1. Name of Applicant: \_\_\_\_\_  
 (Complete one questionnaire for each named insured / for each risk.)
  
2. Percentage of Work Performed on:
 

Apartments _____%	Industrial Buildings _____%	Office Buildings _____%
Condominiums _____%	One/Two Family Dwellings _____%	Residential Tract _____%

 Explain other: \_\_\_\_\_  
 Maximum percentage of work per year applicant has done in past ten years on  
 Condominiums/Townhouse: \_\_\_\_\_%      Largest Complex (# of units): \_\_\_\_\_
  
3. Percentage of work which is:
 

a. Reroofs _____%	Repair/Patch Work _____%	New Roofs _____%
b. 1 to 3 Story _____%	4 to 5 Story _____%	Over 5 Story _____%
c. Slate/Tile _____%	Wood shake/shingle _____%	Composition _____%
Hot/Composition _____%	Polyurethane Foam _____%	Metal/Aluminum _____%
Other _____%	Explain Other: _____	
d. Flat _____%	Pitched _____%	
  
4. Does applicant use "Hot Tar"?  Yes  No If yes, what percentage is "Hot Tar" work \_\_\_\_\_%  
 Does applicant sub out "Hot Tar" work?  Yes  No If yes, what estimated annual cost of subs  
 for "Hot Tar" work? \$ \_\_\_\_\_
  
5. 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, describe process and percentage of  
 work involving this? \_\_\_\_\_

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6. Does applicant use any spray method for applying roofing materials?  Yes  No If yes, are  
 flammable liquids or catalysts used?  Yes  No
  
7. Does applicant install any type of elastomer roof coverings requiring spraying or use of flammable  
 liquid or open fires?  Yes  No
  
8. Are all jobs inspected by a foreman or the contractor at completion before leaving job site?  
 Yes  No
  
9. Which of the following does applicant use?  
 Cranes  Yes  No      Kettles  Yes  No      Roof cleaning Tractors  Yes  No  
 Hoists  Yes  No      Forklifts  Yes  No      Scaffolding  Yes  No  
 a. If risk involves heating kettles, are they equipped with automatic shut off valves?  Yes  No
  
10. Does applicant sub out any work?  Yes  No, If yes, describe type of work subbed and total  
 annual cost: \_\_\_\_\_

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- Does applicant obtain certificates of liability insurance from sub-contractors?  Yes  No  
 If yes, what limits are required? \_\_\_\_\_ If No, provide Uninsured Cost of Subs \$ \_\_\_\_\_
  
11. Property damage resulting from water, rain, snow, sleet or ice is excluded. However, this exclusion  
 does not apply to the Products - Completed Operations hazard (coverage available only after job is  
 completed). Work on buildings over five (5) stories is also excluded.  
 Do you wish to buy back water damage (while job is in progress)?  Yes  No

12. Coverage also is excluded for the following: *(indicate whether applicant wishes to buy back any of the following coverages.)*

Use of "Hot Tar"  Yes  No      Medical Coverage  Yes  No  
 Use of subcontractors  Yes  No      Work over 3 stories  Yes  No

13. Have you had an open structure claim in the last 5 years?  Yes  No  
 If yes, explain: \_\_\_\_\_

14. Do you have knowledge of any occurrence which might give rise to a claim?  Yes  No  
 If yes, explain: \_\_\_\_\_

15 .Provide payrolls, sub contract costs and sales for past five (5) years and estimate for next twelve (12) months:

<u>Year</u>	<u>Payroll</u>	<u>Costs</u>	<u>Uninsd Subs Costs</u>	<u>Sales</u>
2000/2001	\$ _____	\$ _____	\$ _____	\$ _____
2001/2002	\$ _____	\$ _____	\$ _____	\$ _____
2002/2003	\$ _____	\$ _____	\$ _____	\$ _____
2003/2004	\$ _____	\$ _____	\$ _____	\$ _____
2004/2005	\$ _____	\$ _____	\$ _____	\$ _____
Next 12 Months	\$ _____	\$ _____	\$ _____	\$ _____

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Title (Officer, Partner): \_\_\_\_\_

**SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.**