

Policy Number  
Name of Applicant/Insured

**ROOFERS QUESTIONNAIRE**  
(Complete in Addition to GL Application)

1. What percentage of your work is:

Residential \_\_\_\_\_  
Commercial \_\_\_\_\_  
Industrial \_\_\_\_\_

2. Check ALL that apply to the type of work that you perform:

- |   |  |
|---|--|
| <input type="checkbox"/> Hot Tar          | <input type="checkbox"/> Gutters           |
| <input type="checkbox"/> Modified Bitumen | <input type="checkbox"/> Siding            |
| <input type="checkbox"/> Torch Work       | <input type="checkbox"/> Flat Roof Work    |
| <input type="checkbox"/> EPDM             | <input type="checkbox"/> Pitched Roof Work |
| <input type="checkbox"/> Waterproofing    | <input type="checkbox"/> Carpentry         |

3. Do you subcontract any work? If yes, what percentage do you sub out?

\_\_\_\_\_  
\_\_\_\_\_

4. What type of work is subcontracted out? Please describe in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the annual cost of hire for subcontractors?

\_\_\_\_\_

6. Are certificates of insurance obtained on all subcontractors?

\_\_\_\_\_

7. How long are certificates of insurance kept?

\_\_\_\_\_

8. Receipts for the last 4 years:

Year 1: \_\_\_\_\_  
Year 2: \_\_\_\_\_  
Year 3: \_\_\_\_\_  
Year 4: \_\_\_\_\_

9. What is the average height of buildings that you work on?

\_\_\_\_\_

10. What is the tallest building that you work on?

\_\_\_\_\_

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11. Where do you dispose of your waste?

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12. In what manner are openings in roof protected overnight?

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13. What methods are used for monitoring the weather/rain?

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14. What on-the-job precautions do you take when rained on?

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15. Are all jobs inspected by a foreman or the contractor at completion before leaving the jobsite? If not, please explain.

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16. How many years experience do you have?

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17. List your insurance carriers for the last 5 years:

Year 1: 

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Year 2: 

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Year 3: 

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Year 4: 

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Year 5: 

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**Applicant's Statement**

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

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

\_\_\_\_\_  
Date