



ROOFING CONTRACTORS ELITE QUESTIONNAIRE

1. PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS APPLICATION.
2. Answer ALL questions. If the answer to any question is "None", please state "None".
3. Application must be signed and dated by owner, partner or officer, and the Producing Agent.
4. Attach all necessary documentation.

APPLICANT INFORMATION:

Named Insured: _____

Location Address: _____

Internet Website: _____

Years in business: _____ Experience in the Industry _____

Insured Contractor License No.: _____ FEIN: _____

Any Industry Association Memberships? _____ Yes _____ No

If "Yes", list name and/or chapter: _____

States you perform work in? _____

COMPANY DESCRIPTION:

Description of Operations: (Please describe the nature and scope of your operations)

Indicate the type of construction performed: **(Below should total 100%)**

Roofing _____% Sheet Metal _____% Water Proofing _____%

Carpentry _____% Subcontracted _____% Other _____%



<u>TYPE OF WORK:</u>	<u>NEW</u>	<u>RE-ROOFING</u>	<u>TOTAL</u>
Commercial	%	%	%
Industrial	%	%	%
Apartments	%	%	%
<u>RESIDENTIAL:</u>			
Condominiums	%	%	%
Townhouses	%	%	%
Single-Family	%	%	%
Custom Homes	%	%	%
Tract Homes	%	%	%
<u>TOTAL:</u>	%	%	100%

Estimated Annual Exposures for the coming policy period:

Annual Payroll:	
Annual Sub-Costs:	
Annual Receipts:	

Prior Carrier: _____ **Expiring GL Premium:** _____

Policy Term:	EXPIRING	2ND PRIOR	3RD PRIOR	4TH PRIOR
Premium:				
Payroll:				
Sub-Costs:				
Receipts:				



LOSS HISTORY:

- **Please attach 4 years currently valued hard copy loss runs.**
- **Loss runs must be valued within 90 days of the proposed coverage effective date.**

GENERAL LIABILITY:

1. Have you ever taken over an uncompleted project at any phase of construction? _____ Yes _____ No
2. Will you bid for uncompleted projects in the future? _____ Yes _____ No
3. Any jobs covered by wrap-up coverage/OCIP? _____ Yes _____ No
4. Any architectural or design work? _____ Yes _____ No
If "Yes", are employees licensed for this work? _____ Yes _____ No
5. Any current or past projects built on hillsides or terraces? _____ Yes _____ No
6. Any work on landfills or in subsidence areas? _____ Yes _____ No
7. Any subsidence losses or subsidence related claims in the past 5 years? _____ Yes _____ No
8. Any work done below grade? _____ Yes _____ No
a) Max Depth: _____ feet b) % of total work: _____ %
9. Will you use any subcontractors? _____ Yes _____ No

If "Yes", what type of work will they perform?

10. Are all subcontractors required to carry in-force liability insurance? _____ Yes _____ No
11. Do you have a written contract with your subcontractors? **(Please attach copy)** _____ Yes _____ No
12. Are Certificates of Insurance obtained from all subcontractors and monitored? _____ Yes _____ No
13. Are you named as an additional insured on your subcontractors' liability policy? _____ Yes _____ No
If "Yes", what is the minimum limit of liability required on the subcontractors' policy? _____
14. Has there ever been a lapse, restriction or cancellation of your liability insurance? _____ Yes _____ No
15. Have you, or your subcontractors, been or will be involved in any removal of asbestos, PCB's or other hazardous materials? _____ Yes _____ No
16. Any shoring, underpinning, cofferdam or caisson work? _____ Yes _____ No
17. Have you or your employees worked, or will work, under U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act? _____ Yes _____ No
18. Do you have operations other than contracting? _____ Yes _____ No
19. Are these operations to be covered by this insurance? _____ Yes _____ No
20. **In the past 10 years has, or in the future will**, any of your work involve the construction of, or be for custom homes, single family homes, condominiums or townhouses? _____ Yes _____ No
If "Yes", list which ones _____.
Percentage of work for New _____ % Repair _____ %
21. Any tract homes **in the past 10 years, or planned for the future?** _____ Yes _____ No
If "Yes", maximum number of homes in tract: _____

Please explain all "Yes" answers:

Describe the largest projects you have performed in the past 5 years:

<u>Project Location</u>	<u>Nature of Work</u>	<u>Contract Cost</u>

Describe the largest project you are now performing:

<u>Project Location</u>	<u>Nature of Work</u>	<u>Contract Cost</u>

Have you ever been involved, or plan to be involved, in any of the following operations of the following?

	Work You Perform		Work Performed by Subcontractors/others	
	Yes	No	Yes	No
Asbestos	[]	[]	[]	[]
EFIS (Exterior Finishing Insulation Systems)	[]	[]	[]	[]
Hazardous Materials transportation or clean-up	[]	[]	[]	[]
Recycling/Recovery	[]	[]	[]	[]
Residential New Construction	[]	[]	[]	[]
Retaining Walls / Earth Stabilization	[]	[]	[]	[]
Scaffolding Rental / Erection	[]	[]	[]	[]
Testing/Analysis	[]	[]	[]	[]

Please explain all "Yes" answers:

1. 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 your company predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability?

_____ Yes _____ No

If "Yes", please explain:

2. Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including, but not limited to faulty or defective workmanship, product failure, construction dispute, and property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?

_____ Yes _____ No

If "Yes", please explain:

SAFETY & QUALITY CONTROL:

- | | |
|---|--------------------|
| 1. Is there a formal written Safety Program in effect? | _____ Yes _____ No |
| 2. Are Regular safety meetings conducted? | _____ Yes _____ No |
| If Yes, how often? _____ | |
| 3. Is there a Safety Committee that meets regularly? | _____ Yes _____ No |
| 4. Is personal protective equipment provided? | _____ Yes _____ No |
| 5. Is there a formal Safety Training Program for employees? | _____ Yes _____ No |
| 6. Is the Safety Training documented & signed by employees? | _____ Yes _____ No |
| 7. Are employees given written warnings after violating safety rules? | _____ Yes _____ No |
| 8. Is a personnel file kept on each employee? | _____ Yes _____ No |
| 9. Is there an Accident Investigation Program? | _____ Yes _____ No |
| 10. Are all jobs preplanned or inspected prior to work being done? | _____ Yes _____ No |
| 11. Are job sites closed off to the public? | _____ Yes _____ No |
| 12. Are employees trained in electrical hazard awareness? | _____ Yes _____ No |
| 13. Describe screening procedures for potential new hires: | |



14. Any OSHA Violation? _____ Yes _____ No

If Yes, describe: _____

EQUIPMENT & CRANE INFORMATION:

1. Do you allow other contractor's employees to borrow equipment? _____ Yes _____ No

2. Do you rent/lease/borrow equipment from others? _____ Yes _____ No
With Operators _____ Without Operators _____

3. Describe the type of equipment rented/leased/borrowed _____

4. Do you rent/lease/loan equipment to others? _____ Yes _____ No
With Operators _____ Without Operators _____

5. Do you own any cranes? (If No, skip to question 13) _____ Yes _____ No

- Number of Boom Trucks < 50,000 lbs (mounted on commercial truck chassis) _____
- Number of Boom Trucks > 50,000 lbs (mounted on commercial truck chassis) _____
- Number of Rough Terrain Cranes < 50 tons (with oversized tires) _____
- Number of Rough Terrain Cranes > 50 tons (with oversized tires) _____
- Number of Truck Cranes (frictional cranes, mobile cranes) _____
- Number of Crawler Cranes _____
- Other (Please Define) _____

(Attach a list with the year, make and model of all owned)

6. Are all Cranes equipped with weight of load monitoring devices that automatically shut down the machine if the cargo exceeds the vehicle's maximum lifting capacity? _____

7. Is there a formal documented crane maintenance procedure and repair log? _____ Yes _____ No

Describe: _____

8. Are crane operators CCO certified or licensed by the state when required? _____ Yes _____ No

9. If yes, please provide details of certification and continuing training classes for each crane operator?

10. If no, how is training completed?



11. List all operations performed by you or on your behalf that involve the use of cranes.

12. Does insured use ground spotters with tag lines and an experienced signal person when operating its crane?

13. Are any lifts completed for hire or for an independent third party?
If yes, what type and how often?

14. What types of precautions are taken when completing lifts around High Voltage power lines?

15. Is the utility company informed prior to any lift in close proximity to High Voltage power lines? If yes, what procedures are in place to insure compliance with this requirement?

16. Do you lease any cranes without operator? _____ Yes _____ No
If "Yes", list the name and phone number of the competent person responsible for crane safety and maintenance:

17. Do you lease any cranes with operator? _____ Yes _____ No
If "Yes", do you require evidence of crane certification from the operator before job commencement? _____ Yes _____ No
18. Does your competent person inspect the crane & maintenance log before job begins? _____ Yes _____ No
19. Do you require proof of insurance from the crane company before job begins? _____ Yes _____ No

EXCESS/UMBRELLA SUPPLEMENTAL

1. Complete this section if excess limits are needed, otherwise proceed to Page 10.
2. Answer ALL questions. If the answer to any question is "None", please state "None".
3. Attach copies of the underlying Auto policy/quote/binder showing unit count and premiums per unit.

LOSS HISTORY:

- Please attach 4 years currently valued hard copy loss runs for the underlying Auto & Workers Compensation.
- Loss runs must be valued within 90 days of the proposed coverage effective date.

Product and Installation questions:

1. Does the Insured install or contract to another entity to install hardboard siding (i.e. manufactured by Masonite, IP, LP, GP, ABTCO, Weyerhaeuser, etc.)? _____ Yes _____ No
2. Does the Insured install or contract to another entity to install EIFS (i.e. manufactured by Dryvit, Sto, Senergy, Thoro, Parex, USG, Apache, etc.)? _____ Yes _____ No
3. Has the Insured ever installed Polybutylene Pipe? _____ Yes _____ No
4. Has the Insured ever been involved in any Construction Defect Lawsuits? _____ Yes _____ No

Work Type questions:

1. Does the Insured do any Structural Steel or Structural Concrete work? _____ Yes _____ No
 2. Any Gas Main work? _____ Yes _____ No
 3. Any Boiler work? _____ Yes _____ No
 4. Any Leasing/Renting of Cranes and /or Scaffolding to/from others? _____ Yes _____ No
 - a. If Yes, is it With or Without Operators? _____ With _____ Without
 5. Any Bridge, Airport, (Aprons, Taxiways, Runways), Dam or Dike work, Blasting, Demolition, Pile Driving, Tunneling, or work in Ships or Tankers? _____ Yes _____ No
- If yes, please provide complete details: _____
-

Safety Information:

1. How is the worksite protected? _____



2. Is there a jobsite supervisor at all times? _____ Yes _____ No
- a. If yes, provide name: _____
3. Does the insured do accident investigations? _____ Yes _____ No
4. Does the insured have a safety director on staff? _____ Yes _____ No
5. Does the insured adhere to all OSHA standards and promote a safe work workplace? _____ Yes _____ No

Automobile Information:

Vehicle Fleet Unit Count: _____ **# of Drivers:** _____

Private Passenger:	Extra Heavy Truck:
Light Truck:	Heavy Truck/ Tractor:
Medium Truck:	Extra Heavy Truck/Tractor:
Heavy Truck:	Trailers:

1. MVR's checked prior to hire and monitored on a regular basis? _____ Yes _____ No
2. What are vehicles used for? _____
3. What is the radius traveled? _____
4. Are all vehicles operated solely owned and registered by the applicant? _____ Yes _____ No
5. What percentage of employees will use their own autos in the business? _____%
6. Are any vehicles leased to others? _____ Yes _____ No
7. Are any of the vehicles customized, altered, or have special equipment? _____ Yes _____ No
8. Do the applicant's operations involve the transporting of hazardous materials? _____ Yes _____ No
9. Are any of the vehicles used by family members or non-employees? _____ Yes _____ No
- a. If Yes, please describe: _____
10. Is there a vehicle maintenance program in place? _____ Yes _____ No
11. Does the applicant have a formal specific driver recruiting method? _____ Yes _____ No
12. Are any drivers not covered by Workers Compensation? _____ Yes _____ No
13. Are there any autos owned by not scheduled under the Auto policy? _____ Yes _____ No



The undersigned applicant warrants 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 the policy issued pursuant to this Application, and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at sole discretion of the Company.

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

Applicant's Signature: _____

Applicant's Printed Name: _____

Applicant's Title: _____ Date: _____

Producer's Signature: _____ Date: _____

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