



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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Roofers Questionnaire

(COMPLETE IN ADDITION TO G.L. APPLICATION)

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS

1. **What percent of your work is residential** (homes, condominiums)? _____%
- What percent of your work is commercial** (office buildings, schools, retail establishments)? _____%
- What percent of your work is industrial** (plants, warehouses)? _____%
- TOTAL 100%**

2.

Type of Roofing Operating	Residential	Commercial	Industrial	% of Total Operations
What percentage of work is New Construction?				
What percentage of work is Repair/Patching?				
What percentage of work is Replacement?				
	100%	100%	100%	100%
What percentage of work is on Pitched Roofs?				
What percentage of work is on Flat Roofs?				
	100%	100%	100%	100%

Indicate type of work performed and percentage of operation within Type of Roofing Operation.	Residential	Commercial	Industrial	% of Total Operations
Shingles/Shakes: Asphalt				
Fiberglass				
Wood				
Concrete				
Slate				
Metal				
Shingle Ply				
Tile				
Polyurethane Foam: Sheet Form				
Sprayed				
Hot Tar and/or Asphalt/Built up				
Rubber/Elastomerics				
Other (describe): _____				

- 3. **Check work done other than roofing:** Waterproofing Siding Asbestos removal Rain gutters
 Carpentry Insulation Other (describe) _____
- 4. **If hot tar, torch or other "hot process" is used, explain in detail the process and what safety precautions are used:** _____

- 5. **Do you subcontract any work?** Yes No If yes, what percentage do you subcontract? _____ %
- 6. **Check the type of work subcontracted out:** Waterproofing Siding Hot tar Rain gutters
 Carpentry Insulation Other (describe) _____
- 7. **What is the annual cost of the work subcontracted out?** \$ _____ yearly
- 8. **Are Certificates of Insurance (of equal limits) received on all subcontracted work?** Yes No
- 9. **How long are Certificates of Insurance kept?** Until job ends One year Two years Three years
 More than three years Never kept

GENERAL INFORMATION

- 10. **List any roofing/builder associations in which you are a member:** _____

- 11. **Receipts for previous three years:**
 Year 199__ Receipts \$ _____
 Year 199__ Receipts \$ _____
 Year 199__ Receipts \$ _____
- 12. **Do you offer warranties?** Yes No If yes, attach copies of warranty.
- 13. **What is the average height of buildings you work on?** _____ stories.
- 14. **What is the tallest building you will work on?** _____ stories.
- 15. **Where do you dispose of trash/waste/scrap?** _____

- 16. **Is this disposal process environmentally safe?** Yes No
- 17. **Have you ever used, sold, installed or worked with asbestos?** Yes No If yes, explain _____

- 18. **Any LPG storage?** Yes No If yes, how much? _____
 How is it stored? _____
 What are the safety precautions? _____
- 19. **List five (5) largest jobs + types in the last three (3) years:**
 199__ _____

199 _____

199 _____

199 _____

199 _____

20. Years of experience? _____

MATERIALS AND EQUIPMENT

21. List the type of owned equipment used on the job.

22. List any equipment rented and check the frequency of such rental.

EQUIPMENT RENTED				
Type of Equipment	How often do you rent this equipment?			
	Daily	Weekly	Monthly	Yearly

PUBLIC PROTECTION

23. Do you have a written safety program? Yes No

24. How do you protect the general public from potential injury? Check one or more:

- Rope off work area Signs Cones Flashing lights Man always on the grounds
 - No protection necessary Other (describe) _____
- _____

25. How are materials lifted to the roof? Ladder Hoist Pulley Crane Other (describe) _____

26. Are materials and equipment left overnight at job site? Yes No

27. In what manner are openings in roof protected overnight? Tarp Waterproof plywood Never leave openings
 Other (describe) _____

28. What on-the-job precautions do you take when rained on? Leave job immediately Seal openings
 Keep on working Never start job Remarks (be specific) _____

29. Are all jobs inspected by a foreman or the contractor at completion before leaving the job site? Yes No

APPLICANT'S SIGNATURE _____ Date _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE