

# Griffin Underwriting Services

## ROOFING CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

**INSURED** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

How many years have you operated this business? \_\_\_\_\_ How many years experience in the construction industry? \_\_\_\_\_

Do you currently have any ownership in any other entities, partnerships, or corporations?  Yes  No If yes, provide names and nature of operations and their relationship to you. \_\_\_\_\_

Have you **ever** operated under any other name or names?  Yes  No If yes, provide names and nature of operations. \_\_\_\_\_

### OPERATIONS

Area of operations – List Cities & Counties in which you have operated in the past 3 years. \_\_\_\_\_

List all states worked in during the last 10 years. \_\_\_\_\_

Have you ever performed work in California, Arizona or Nevada?  Yes  No

### ELIGIBILITY

Have you performed any work on **new** condominiums in the past 10 years?  Yes  No

Have you performed any work on **new** townhomes in the past 10 years?  Yes  No

Have you performed any work on **new** tract home projects in the past 10 years?  Yes  No

Do you intend to perform any work on **new** condominiums, townhomes, or tract homes in the future?  Yes  No

Have you performed any torchdown work in the past 5 years?  Yes  No

Do you intend to perform any torchdown work in the future?  Yes  No

Do you perform work on buildings taller than 3 stories in height?  Yes  No

Are employees allowed to smoke on job sites?  Yes  No

Have you completed more than 2 projects in the past 5 years that required >\$400,000 in payroll per project?  Yes  No

If you answered yes to any of the above eligibility questions, please stop and contact your agent. The Homestate Companies will not be able to provide you with a proposal for your insurance without further information regarding eligibility.

**Indicate % of work** Residential \_\_\_\_\_% Commercial \_\_\_\_\_% = 100%

### Pitched/Steep Slope Roofs

Asphalt Shingles \_\_\_\_\_% Wood Shingles \_\_\_\_\_% Tile \_\_\_\_\_% Slate \_\_\_\_\_% = 100%

### Flat/Low Slope Roofs

Thermoplastic \_\_\_\_\_% Metal \_\_\_\_\_% EPDM/Membrane \_\_\_\_\_% Spray Foam \_\_\_\_\_% Modified/ Hot Tar \_\_\_\_\_%  
Modified Cold Applied \_\_\_\_\_% Modified Torch Work \_\_\_\_\_% Pre-Engineered \_\_\_\_\_% = 100%

Please complete the following table for work performed by you or by subcontractors on your behalf. (Place the % of total receipts in the appropriate box. For example, if 25% of your total receipts are from building New Custom Homes, please place a 25% in the first box for Single Family Custom Homes-New. The Totals for the columns and the Totals for the rows should each add up to 100%)

	New	Repair / Patch	Whole Replacements	Maintenance Contracts	Totals
Single Family Custom Homes	%	%	%	%	%
Condominiums	%	%	%	%	%
Tract Homes	%	%	%	%	%
Townhomes	%	%	%	%	%
Apartments	%	%	%	%	%
Industrial (mfg., processing, food distributing)	%	%	%	%	%
Public Buildings (schools, libraries, etc.)	%	%	%	%	%
Medical Facilities	%	%	%	%	%
Roofs over 30,000 square feet	%	%	%	%	%
Other Commercial (warehouses, large retail)	%	%	%	%	%
<b>Totals</b>	%	%	%	%	100%

**BUILT UP ASPHALT / HOT TAR**

If you work with hot tar, on either residential or commercial roofs, what percentage of the time is the kettle kept on the ground? \_\_\_\_% What percentage of the time is the kettle on the roof itself? \_\_\_\_%

**INDICATE WORK DONE OTHER THAN ROOFING**

Waterproofing \_\_\_\_\_ Insulation \_\_\_\_\_ Rain Gutter \_\_\_\_\_  
 Siding \_\_\_\_\_ Carpentry \_\_\_\_\_ Re-Saturating \_\_\_\_\_  
 Asbestos Removal \_\_\_\_\_ EIFS \_\_\_\_\_ Other \_\_\_\_\_

If any above items checked – provide total receipts or payroll if applicable. \_\_\_\_\_

**Provide Direct Payroll, Subcontract Costs (including materials) and Gross Receipts**

	Direct Payroll	Subcontract Costs	Gross Receipts
Current Year Estimate	\$	\$	\$
1st Prior Year	\$	\$	\$
2nd Prior Year	\$	\$	\$
3rd Prior Year	\$	\$	\$

Number of employees (Exclude clerical and sales staff ) \_\_\_\_\_ Union \_\_\_\_\_ Non Union \_\_\_\_\_

**SUBCONTRACT WORK**

Do you subcontract any work?  Yes  No If yes, please indicate trades being used by the insured below.

Trade	Cost	% of work

- Do you require subcontractor's to provide certificate of insurance?  Yes  No  
 Do you require subcontractor's to carry limits equal to your own?  Yes  No  
 Do you require subcontractor's to name you as additional insured?  Yes  No  
 Do you require subcontractor's to provide hold harmless for liability?  Yes  No

**GENERAL INFORMATION**

Do you have a website?  Yes  No If yes, please list address: \_\_\_\_\_

Do you have a supervisor/foreman assigned to each crew?  Yes  No Are they trained in roof product application quality control?  Yes  No

Please provide the experience for your superintendents/foremen/project managers.

- Mgr #1: Years of experience with your company \_\_\_\_\_ Years of roofing experience \_\_\_\_\_  
 Mgr #2: Years of experience with your company \_\_\_\_\_ Years of roofing experience \_\_\_\_\_  
 Mgr #3: Years of experience with your company \_\_\_\_\_ Years of roofing experience \_\_\_\_\_  
 Mgr #4: Years of experience with your company \_\_\_\_\_ Years of roofing experience \_\_\_\_\_  
 Mgr #5: Years of experience with your company \_\_\_\_\_ Years of roofing experience \_\_\_\_\_

What is the maximum number of roofing jobs completed in a single subdivision in the past 3 years? \_\_\_\_\_  
 If more than 8 jobs, provide details?  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever sold, installed or removed asbestos?  Yes  No If yes, provide details? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are fire extinguishers available at work site?  Yes  No Are employees trained in proper usage?  Yes  No

Describe site protection. Fencing \_\_\_\_\_ Rope off \_\_\_\_\_ Signs \_\_\_\_\_ Watchmen \_\_\_\_\_ Barricades \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_

Describe what measures taken to secure site after hours: \_\_\_\_\_  
 \_\_\_\_\_

Do you perform any work with torches (not torchdown applications, but other functions requiring torches)?  Yes  No  
 If yes, please describe. \_\_\_\_\_  
 \_\_\_\_\_

Overnight Protection: Tarp \_\_\_\_\_ Waterproof plywood \_\_\_\_\_ Are openings left unprotected? \_\_\_\_\_  
 Does insured leave equipment at job site overnight?  Yes  No If yes, how is it protected? \_\_\_\_\_  
 \_\_\_\_\_

What is procedure when rained on? \_\_\_\_\_  
\_\_\_\_\_

Who performs final inspection of work before leaving the job site and how is job checked for signs of fire?  
\_\_\_\_\_

Describe clean up and disposal procedures: \_\_\_\_\_  
\_\_\_\_\_

**List 3 Largest Jobs in the past 5 years including all projects with payroll greater than \$400,000 – Project and Value.**

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

**List 3 Largest Current Works in Progress – Project and Value.**

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

**List 3 Largest Planned Projects – Project and Value.**

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

**LOSSES**

During the last five years, have any claims been asserted against your firm? \_\_\_\_\_ Please provide hard copy company loss information.

Has your firm been named in a lawsuit, of any nature, during the last 7 years? \_\_\_\_\_ If yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any existing circumstances which may result in a claim not previously reported or indicated on a loss run?  
 Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you in negotiation with any Construction Project Owner, Developer and/or General Contractor in conjunction with alleged Construction Defects? \_\_\_\_\_ If yes, explain in detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driving Information:** Is Drivers list attached?  Yes  No Please provide complete driver list including license numbers, dates of birth and dates of hire, if you are requesting any automobile coverage.

Signature of the Insured \_\_\_\_\_ Date \_\_\_\_\_