

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:  
  
Hot Tar  
Modified Bitumen  
Torch Work  
EPDM  
Waterproofing  
  
Gutters  
Siding  
Flat Roof Work  
Pitched Roof Work  
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?

11. Where do you dispose of your waste?
12. In what manner are openings in roof protected overnight?
13. What methods are used for monitoring the weather/rain?
14. What on-the-job precautions do you take when rained on?
15. Are all jobs inspected by a foreman or the contractor at completion before leaving the jobsite?  
If not, please explain.
16. How many years experience do you have?
17. List your insurance carriers for the last 5 years:  
Year 1:  
Year 2:  
Year 3:  
Year 4:  
Year 5:

**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.

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Signature of Applicant

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Date