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### Roofers Questionnaire

(COMPLETE IN ADDITION TO GL APPLICATION)

Applicant's Name	_____	Agency Name	_____
Mailing Address	_____	Agent	_____
	_____	Address	_____
Location	_____	E-mail	_____
	_____	Phone	_____
Web site Address	_____		

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

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

- 1. What percentage of your work is residential** (homes, condominiums)? ..... %

**What percentage of your work is commercial** (office buildings, schools, retail establishments)? ..... %

**What percentage of your work is industrial** (plants, warehouses)? ..... %

**TOTAL** 100%

2.

Type of Roofing Operation	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?				
Total:	100%	100%	100%	100%

What percentage of work is on Pitched Roofs?				
What percentage of work is on Flat Roofs?				
Total:	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):					

Total:      100%                      100%                      100%                      100%

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

10. Do you utilize "day laborers"? .....  Yes  No  
If yes, how many within a year? \_\_\_\_\_

**GENERAL INFORMATION**

11. List any roofing/builder associations in which you are a member:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Receipts, Payroll & Number of Employees for previous three years:

Year	Receipts	Payroll	No. of Full-Time Employees	No. of Part-Time Employees
	\$	\$		
	\$	\$		
	\$	\$		

13. Do you offer warranties? .....  Yes  No  
If yes, attach copies of warranty.

14. What is the average height of buildings you work on? \_\_\_\_\_ stories

15. What is the tallest building you will work on? \_\_\_\_\_ stories

16. Where do you dispose of trash/waste/scrap? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Is this disposal process environmentally safe? .....  Yes  No

18. Have you ever used, sold, installed or worked with asbestos? .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Any LPG storage? .....  Yes  No

If yes, how much? \_\_\_\_\_  
 How is it stored? \_\_\_\_\_  
 What are the safety precautions? \_\_\_\_\_  
 \_\_\_\_\_

20. List the five largest jobs and types in the last three years:

1. \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_
4. \_\_\_\_\_  
 \_\_\_\_\_
5. \_\_\_\_\_  
 \_\_\_\_\_

21. Years of experience? \_\_\_\_\_

**MATERIALS AND EQUIPMENT**

22. List the type of owned equipment used on the job:

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

23. 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PUBLIC PROTECTION**

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

25. 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): \_\_\_\_\_

26. How are materials lifted to the roof?     
 Ladder     
 Hoist     
 Pulley     
 Crane  
 Other (describe): \_\_\_\_\_

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

28. In what manner are openings in roof protected overnight?  Tarp  Waterproof plywood  Never leave openings  
 Other (describe): \_\_\_\_\_

29. 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Are all jobs inspected by a foreman or the contractor at completion before leaving the job site? .....  Yes  No  
APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an owner, partner or executive officer)

PRODUCER'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.