



## ROOFING CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE (COMPLETE IN ADDITION TO CONTRACTORS QUESTIONNAIRE)

(Ed.08-06)

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Agents Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

1. Indicate the percentage of work to be performed by you or on your behalf by subcontractors that is:

	SINGLE-FAMILY DWELLINGS	CONDOS, TOWNHOMES, TOWNHOUSES	COMMERCIAL/ INDUSTRIAL
New Construction	%	%	%
Repair/Patching	%	%	%
Replacement	%	%	%
<b>TOTAL =</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

2. Indicate the percentage of work to be performed by you or on your behalf by subcontractors that is:

Low-slope (14 degrees or less)	%
Steep-slope (greater than 14 degrees)	%
<b>TOTAL =</b>	<b>100%</b>

3. Indicate the percentage of LOW-SLOPE ROOFING work to be performed by you or on your behalf by subcontractors that is:

Polymer-modified Bitumen Sheet Membrane	%
Single-ply Membrane - Thermoplastic	%
Single-ply Membrane - Thermoset	%
Built-up Membrane - Cold-applied Adhesive	%
Built-up Membrane - Other Than Cold-applied Adhesive	%
Spray Polyurethane Foam-based	%
Metal Panel	%
Other (describe):	%
<b>TOTAL =</b>	<b>100%</b>

4. Indicate the percentage of STEEP-SLOPE ROOFING work to be performed by you or on your behalf by subcontractors that is:

More than 3 Stories	%
3 Stories or Less	%
TOTAL =	100%

5.  Yes  No Are torches, hot-air welders, heating kettles or heating tankers used? If yes, please explain the processes and safety precautions used to prevent fires during and after work hours: \_\_\_\_\_
6.  Yes  No Is all work involving the use of torches performed by employees who have completed the National Roofing Contractors Association's Certified Roofing Torch Applicator Program (CERTA)? If yes, please attach copies of certificates. If no, please explain employee training and supervisory practices with respect to torch and welding work: \_\_\_\_\_
7.  Yes  No Are roof openings covered to prevent weather infiltration after work hours ? If yes, please explain methods and supervisory practices: \_\_\_\_\_
8.  Yes  No Do you have a formal fall-protection safety program? If yes, please explain: \_\_\_\_\_
9.  Yes  No Are all jobs inspected by a job supervisor or foreman upon completion of work but before leaving the job site? If yes, please explain in detail: \_\_\_\_\_
10.  Yes  No Are you a member of the National Roofing Contractors Association?  Yes  No Membership I.D. : \_\_\_\_\_

The undersigned Applicant warrants that 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.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE TITLE DATE

\_\_\_\_\_  
 APPLICANT'S NAME (PLEASE PRINT)

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

**WARRANTY:** It is warranted to Admiral Insurance Company that the information contained herein is true, and that the Questionnaire shall be the basis of the policy of insurance and deemed incorporated therein should the Company evidence its acceptance of the application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Admiral Insurance Company.