PO Box 8010 · Goldsboro, NC 27533
Phone: 877-225-5744 · Fax: 919-751-1042

Roofers Supplemental Questionnaire

(To be submitted with a ACORD Applications)

1. Applicant:			
2. Website Address:			
3. Describe all operations:			
4. Indicate type of work performed by you or your employees:			
a. Inspection / Maintenance	0 %	b. New Construction	0 %
c. Replacement	0 %	d. Repair	0 %
5. Indicate the type of structures that you or your employees will work on:			
a. Apartments:	0 %	b. Condominiums	0 %
c. One/Two Family Dwellings	0 %	d. Three/Four Family Dwellings	0 %
e. Office Buildings	0 %	f. Retail Buildings	0 %
g. Schools	0 %	h. Warehouses	0 %
i. Plants	0 %	j. Other	0 %
6. Number of Stories:			
a. 1 – 3 Stories	0 %	b. 4 – 5 Stories	0 %
7. Roof Types:			
a. Pitched Roofs	0 %	b. Flat Roofs	0 %
8. Roofing Materials:			
a. Asphalt shingles	0 %	b. Concrete shingles	0 %
c. Fiberglass shingles	0 %	d. Hot tar	0 %
e. Metal / Aluminum	0 %	f. Rubber / Elastomeric Roofing	0 %
g. Sheet polyurethane foam	0 %	h. Sprayed polyurethane foam	0 %
i. Shingle ply	0 %	j. Slate shake	0 %
k. Tile	0 %	l. Torch applied	0 %
m. Wood shake	0 %	n. Other:	0 %
9. Equipment used (owned or rented):			
a. ☐ Cranes		b. ☐ Forklifts	
c. ☐ Hoists		d. ☐ Kettles	
e. ☐ Pulleys		f. ☐ Scaffolding	
g. ☐ Tractors (Roof cleaning)			
10. Do you rent any equipment to others? ☐Yes ☐ No		a. If yes, what type of equipment?	
11. Do you leave materials and equipment overnight on job sites?			☐ Yes ☐ No
12. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? (For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration)			☐ Yes ☐ No
a. If "yes", please explain:			
13. Date of Corporate Filing or DBA:			
14. Years of experience:			0 Years / 0 Months
15. Length of time in business:			0 Years / 0 Months
a. Full-time / Part-time:			☐ Full-time ☐ Part-time

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17. Are you licensed?			☐ Yes ☐ No
a. Kind of license:		b. Year license issued:	
c. License No.:			
18. Number of:			
a. Owners:	0	b. Partners	0
c. FT Employees	0	d. PT Employees	0
e. Leased Employees:	0	f. Day Laborers	0
19. State / Area of operations:		/	
a. Radius of operations from your main location:			0 Miles

20. List the past three projects including location, receipts, type of work performed, project start and end dates.

Type of Work Performed	Receipts	Location	Start Date	End Date
	$0			
	$0			
	$0			

21. Account history for prior 3 years:

	Current Year	Last Year	Year Before Last
a. Employee Payroll	$ 0	$ 0	$ 0
b. Total Revenue	$ 0	$ 0	$ 0
c. Total Subcontracted Costs	$ 0	$ 0	$ 0

22. Do you normally use the same subcontractors			☐ Yes ☐ No

23. Please describe the operations performed by subcontractors for you below:

Operation	Percentage	Operation	Percentage
Carpentry	0 %	Guttering	0 %
Hot Tar	0 %	Insulation	0 %
Siding	0 %	Waterproofing	0 %
Other:			0 %

24. Are certificates of insurance obtained from subcontractors?	☐ Yes ☐ No	
a. Minimum Limits Required	$ per Occurrence	
b. Are you named as an additional insured on the subcontractors' policies?	☐ Yes ☐ No	
25. Do you use a written contract for all your subcontractors that includes a hold harmless clause in your favor?	☐ Yes ☐ No	
26. How long are certificates retained after the completion of work:	0 Years / 0 Months	
27. Do you use a standard service contract that sets out your responsibilities?	☐ Yes ☐ No	☐ N/A
a. Please attach a copy of your contract, agreement and/or warranty:	☐ Attached	
28. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?	☐ Yes ☐ No	
29. Are all jobs inspected by a foreman or supervisor upon completion:	☐ Yes ☐ No	
a. Is there a written record of the inspection made and retained with the job file:	☐ Yes ☐ No	☐ N/A
30. Will any work be performed in the states of Nevada, California or South Carolina?	☐ Yes ☐No	

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PRODUCER'S SIGNATURE	DATE:
APPLICANT'S SIGNATURE	DATE:

APPLICABLE IN THE STATE OF NEW YORK:
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, in-formation concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.