

## Century Roofers Questionnaire

**Applicant's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Locations:** \_\_\_\_\_

\_\_\_\_\_

### **Description of Roofing Operations:**

*Operation:*

*Percentage of your work:*

**Residential ( homes,condos)** \_\_\_\_\_ **%**

**Commercial** \_\_\_\_\_ **%**

**Residential *NEW CONSTRUCTION*** \_\_\_\_\_ **%**

**Commercial *NEW CONSTRUCTION*** \_\_\_\_\_ **%**

**Residential *REPAIR WORK*** \_\_\_\_\_ **%**

**Commercial *REPAIR WORK*** \_\_\_\_\_ **%**

### **Advise type of roof work by percentage:**

**Hot Tar** \_\_\_\_\_ **%**

**Tile** \_\_\_\_\_ **%**

**Shingles** \_\_\_\_\_ **%**

**Slate** \_\_\_\_\_ **%**

**Metal** \_\_\_\_\_ **%**

**Single Ply** \_\_\_\_\_ **%**

**Other ( describe)** \_\_\_\_\_ **%**

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*Do you perform any of the following ?*

*Percentage:*

**Waterproofing**

\_\_\_\_\_ %

**Siding**

\_\_\_\_\_ %

**Asbestos Removal**

\_\_\_\_\_ %

**Rain Gutters**

\_\_\_\_\_ %

**Mold Remediation**

\_\_\_\_\_ %

**Carpentry**

\_\_\_\_\_ %

**Insulation**

\_\_\_\_\_ %

**Other**

\_\_\_\_\_ %

- **If hot tar or torch is used, describe safety precautions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Do you perform hot tar work over combustible roof decks?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Regarding roof tear off, do you use the following procedures?:**

a) **Work should not begin that can't be completed by day's end or before inclement weather strikes.** Yes \_\_\_\_\_ No \_\_\_\_\_

b) **Professional weather service forecasts should be monitored throughout the day.** Yes \_\_\_\_\_ No \_\_\_\_\_

c) **Tear off work should be completed at the end of each day with all exposed areas being completely covered and properly secured.** Yes \_\_\_\_\_ No \_\_\_\_\_

d) **Any drains that were covered to prevent debris from entering should be re-opened before leaving the job site each day or prior to a rainstorm.**  
Yes \_\_\_\_\_ No \_\_\_\_\_

- **Do you sub contract any work?**      Yes \_\_\_      No \_\_\_  
Percentage sub-contracted: \_\_\_\_\_ %

- **Describe work subcontracted:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Do you obtain certificates of insurance from ALL sub contractors?**  
Yes \_\_\_\_\_      No \_\_\_\_\_

- **Are you named as an additional insured on ALL sub contractors policies and are you always held harmless for work they perform on your behalf?**  
Yes \_\_\_\_\_      No \_\_\_\_\_

- **Do you require all sub-contractors show proof of Workers Compensation coverage? Yes \_\_\_\_\_ No \_\_\_\_\_**



- Details of any claim *greater than \$5,000*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF BOUND, WE REQUIRE THIS SECTION TO BE COMPLETED BY THE BROKER ON EACH ACCOUNT! THIS MUST BE DONE PRIOR TO OR AT BINDING!**

***RESIDENT OR NON-RESIDENT SURPLUS LINES LICENSEE INFORMATION FOR APPLICANT'S STATE OF DOMICILE:***

***Surplus license state*** \_\_\_\_\_  
\_\_\_\_\_

***Surplus license #*** \_\_\_\_\_  
\_\_\_\_\_

***Surplus license expiration date*** \_\_\_\_\_  
\_\_\_\_\_

***Surplus licensee name*** \_\_\_\_\_  
\_\_\_\_\_

***Affiliation with producer ( e.g., owner, executive officer, employee)*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Surplus lines agency name (if entity license)***

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