



BENCHMARK MANAGEMENT GROUP

A STANDARD FOR EXCELLENCE

Roofers Questionnaire

(COMPLETE IN ADDITION TO GL APPLICATION)

Applicant's Name _____

Mailing Address _____

Location _____

Web site Address _____

Agency Name _____

Agent _____

Address _____

E-mail _____

Phone _____

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/scraps? _____

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.