

Berkshire Hathaway Homestate Companies

ROOFING CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

INSURED _____

Effective Date _____

How many years have you operated this business? _____ How many years experience in the construction industry? _____

Do you currently have any ownership in any other entities, partnerships, or corporations? Yes No If yes, provide names and nature of operations and their relationship to you. _____

Have you **ever** operated under any other name or names? Yes No If yes, provide names and nature of operations. _____

OPERATIONS

Area of operations – List Cities & Counties in which you have operated in the past 3 years. _____

List all states worked in during the last 10 years. _____

Have you ever performed work in California, Arizona or Nevada? Yes No

ELIGIBILITY

Have you performed any work on **new** condominiums in the past 10 years? Yes No

Have you performed any work on **new** townhomes in the past 10 years? Yes No

Have you performed any work on **new** tract home projects in the past 10 years? Yes No

Do you intend to perform any work on **new** condominiums, townhomes, or tract homes in the future? Yes No

Have you performed any torchdown work in the past 5 years? Yes No

Do you intend to perform any torchdown work in the future? Yes No

Do you perform work on buildings taller than 3 stories in height? Yes No

Are employees allowed to smoke on job sites? Yes No

Have you completed more than 2 projects in the past 5 years that required >\$400,000 in payroll per project? Yes No

If you answered yes to any of the above eligibility questions, please stop and contact your agent. The Homestate Companies will not be able to provide you with a proposal for your insurance without further information regarding eligibility.

Indicate % of work Residential _____% Commercial _____% = 100%

Pitched/Steep Slope Roofs

Asphalt Shingles _____% Wood Shingles _____% Tile _____% Slate _____% = 100%

Flat/Low Slope Roofs

Thermoplastic _____% Metal _____% EPDM/Membrane _____% Spray Foam _____% Modified/ Hot Tar _____%
Modified Cold Applied _____% Modified Torch Work _____% Pre-Engineered _____% = 100%

Please complete the following table for work performed by you or by subcontractors on your behalf. (Place the % of total receipts in the appropriate box. For example, if 25% of your total receipts are from building New Custom Homes, please place a 25% in the first box for Single Family Custom Homes-New. The Totals for the columns and the Totals for the rows should each add up to 100%)

	New	Repair / Patch	Whole Replacements	Maintenance Contracts	Totals
Single Family Custom Homes	%	%	%	%	%
Condominiums	%	%	%	%	%
Tract Homes	%	%	%	%	%
Townhomes	%	%	%	%	%
Apartments	%	%	%	%	%
Industrial (mfg., processing, food distributing)	%	%	%	%	%
Public Buildings (schools, libraries, etc.)	%	%	%	%	%
Medical Facilities	%	%	%	%	%
Roofs over 30,000 square feet	%	%	%	%	%
Other Commercial (warehouses, large retail)	%	%	%	%	%
Totals	%	%	%	%	100%

BUILT UP ASPHALT / HOT TAR

What % of your operations involve hot tar work ____%. On either residential or commercial roofs, what percentage of the time is the kettle kept on the ground? ____% What percentage of the time is the kettle on the roof itself? ____%

INDICATE WORK DONE OTHER THAN ROOFING

Waterproofing _____ Insulation _____ Rain Gutter _____
 Siding _____ Carpentry _____ Re-Saturating _____
 Asbestos Removal _____ EIFS _____ Other _____

If any above items checked – provide total receipts or payroll if applicable. _____

Provide Direct Payroll, Subcontract Costs (including materials) and Gross Receipts

	Direct Payroll	Subcontract Costs	Gross Receipts
Current Year Estimate	\$	\$	\$
1st Prior Year	\$	\$	\$
2nd Prior Year	\$	\$	\$
3rd Prior Year	\$	\$	\$

Number of employees (Exclude clerical and sales staff) _____ Union _____ Non Union _____

Do you have any employees who perform sheet metal fabrication in the shop only? (This does not include those employees who also perform roofing installation) Yes No **If yes, please provide payroll:** _____.

SUBCONTRACT WORK

Do you subcontract any work? Yes No If yes, please indicate trades being used by the insured below.

Trade	Cost	% of work

- Do you require subcontractor's to provide certificate of insurance? Yes No
- Do you require subcontractor's to carry limits equal to your own? Yes No
- Do you require subcontractor's to name you as additional insured? Yes No
- Do you require subcontractor's to provide hold harmless for liability? Yes No

GENERAL INFORMATION

Do you have a website? Yes No If yes, please list address: _____

Do you have a supervisor/foreman assigned to each crew? Yes No Are they trained in roof product application quality control? Yes No

Please provide the experience for your superintendents/foremen/project managers.

- Mgr #1: Years of experience with your company _____ Years of roofing experience _____
- Mgr #2: Years of experience with your company _____ Years of roofing experience _____
- Mgr #3: Years of experience with your company _____ Years of roofing experience _____
- Mgr #4: Years of experience with your company _____ Years of roofing experience _____
- Mgr #5: Years of experience with your company _____ Years of roofing experience _____

What is the maximum number of roofing jobs completed in a single subdivision in the past 3 years? _____
If more than 8 jobs, provide details? _____

Have you ever sold, installed or removed asbestos? Yes No If yes, provide details? _____

Are fire extinguishers available at work site? Yes No Are employees trained in proper usage? Yes No

Describe site protection. Fencing _____ Rope off _____ Signs _____ Watchmen _____ Barricades _____ Other _____

Describe what measures taken to secure site after hours: _____

Do you perform any work with torches (not torchdown applications, but other functions requiring torches)? Yes No
If yes, please describe. _____

Overnight Protection: Tarp _____ Waterproof plywood _____ Are openings left unprotected? _____
Does insured leave equipment at job site overnight? Yes No If yes, how is it protected? _____

What is procedure when rained on? _____

Who performs final inspection of work before leaving the job site and how is job checked for signs of fire?

Describe clean up and disposal procedures: _____

List 3 Largest Jobs in the past 5 years including all projects with payroll greater than \$400,000 – Project and Value.

List 3 Largest Current Works in Progress – Project and Value.

List 3 Largest Planned Projects – Project and Value.

LOSSES

During the last five years, have any claims been asserted against your firm? _____ Please provide hard copy company loss information.

Has your firm been named in a lawsuit, of any nature, during the last 7 years? _____ If yes, describe:

Are you aware of any existing circumstances which may result in a claim not previously reported or indicated on a loss run?

Yes No If yes, please explain: _____

Are you in negotiation with any Construction Project Owner, Developer and/or General Contractor in conjunction with alleged Construction Defects? _____ If yes, explain in detail:

Driving Information: Is Drivers list attached? Yes No Please provide complete driver list including license numbers, dates of birth and dates of hire, if you are requesting any automobile coverage.

Signature of the Insured _____ Date _____