



**SCOTTSDALE INSURANCE COMPANY®**

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**Roofers Questionnaire**

(COMPLETE IN ADDITION TO G.L. APPLICATION)

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web Address \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**  
 From \_\_\_\_\_ To \_\_\_\_\_  
**12:01 A.M., Standard Time at the address of the Applicant**

PLEASE ANSWER ALL QUESTIONS

1. **What percent of your work is residential** (homes, condominiums)? ..... %  
**What percent of your work is commercial** (office buildings, schools, retail establishments)? ..... %  
**What percent of your work is industrial** (plants, warehouses)? ..... %  
**TOTAL 100%**

2.

| Type of Roofing Operating                    | Residential | Commercial | Industrial | % of Total Operations |
|--|-------------|------------|------------|-----------------------|
| What percentage of work is New Construction? |             |            |            |                       |
| What percentage of work is Repair/Parapet?   |             |            |            |                       |
| What percentage of work is Replacement?      |             |            |            |                       |
|  | 100%        | 100%       | 100%       | 100%                  |
| What percentage of work is on Pitched Roofs? |             |            |            |                       |
| What percentage of work is on Flat Roofs?    |             |            |            |                       |
|  | 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   |             |            |            |                       |
| Single Ply  |             |            |            |                       |
| Tile  |             |            |            |                       |
| Polyurethane Foam: Sheet Form   |             |            |            |                       |
| Sprayed   |             |            |            |                       |
| Hot Tar and/or Asphalt/Buildup  |             |            |            |                       |
| Rubber/Elastomers   |             |            |            |                       |
| Other (describe):   |             |            |            |                       |
|   | 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 for previous three years:  
 Year \_\_\_\_\_ Receipts \$ \_\_\_\_\_  
 Year \_\_\_\_\_ Receipts \$ \_\_\_\_\_  
 Year \_\_\_\_\_ Receipts \$ \_\_\_\_\_
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/scrap? \_\_\_\_\_
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 five (5) largest jobs and types in the last three (3) 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 |
|                   |                                       |        |         |        |
|                   |                                       |        |         |        |
|                   |                                       |        |         |        |
|                   |                                       |        |         |        |

**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?  Tar p  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 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.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE