

ROOFING CONTRACTORS ELITE QUESTIONNAIRE

1. PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.
2. Answer ALL questions. If the answer to any question is "None", please state "None".
3. The Questionnaire must be signed and dated by a Principle and the Producing Agent.
4. This Questionnaire is designed to supplement the information provided in the ACORD application(s) which must accompany this questionnaire

APPLICANT INFORMATION:

Named Insured: _____

Location Address: _____

Internet Website: _____

Years in business: _____ Experience in the Industry _____

Insured Contractor License No.: _____ FEIN: _____

Any Industry Association Memberships? Yes No

If "Yes", list name and/or chapter: _____

States you perform work in? _____

COMPANY DESCRIPTION:

Description of Operations: (Please describe the nature and scope of your operations) _____

Indicate the type of construction performed: **(Below should total 100%)**

Roofing _____% Sheet Metal _____% Water Proofing _____%

Carpentry _____% Subcontracted _____% Other _____%

Indicate the percentage of work to be performed by you or on your behalf by subcontractors that is:

| | |
|---------------------------------------|--------|
| Low-Slope (14 degrees or less) | _____% |
| Steep-Slope (greater than 14 degrees) | _____% |
| | 100% |

| <u>TYPE OF WORK:</u> | <u>NEW</u> | <u>RE-ROOFING</u> | <u>TOTAL</u> |
|----------------------|------------|-------------------|--------------|
| Commercial | % | % | % |
| Industrial | % | % | % |
| Apartments | % | % | % |
| Condominiums | % | % | % |
| Townhouses | % | % | % |
| Single-Family | % | % | % |
| Custom Homes | % | % | % |
| Tract Homes | % | % | % |
| <u>TOTAL:</u> | % | % | 100% |

Estimated Annual Exposures for the coming policy period:

| | |
|--------------------------|--|
| Annual Payroll: | |
| Annual Sub-Costs: | |
| Annual Receipts: | |

Prior Carrier: _____ **Expiring GL Premium:** _____

| Policy Term: | EXPIRING | 2ND PRIOR | 3RD PRIOR | 4TH PRIOR | 5TH PRIOR |
|---------------------|-----------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Premium: | | | | | |
| Payroll: | | | | | |
| Sub-Costs: | | | | | |
| Receipts: | | | | | |

GENERAL LIABILITY:

- | | | |
|--|-----|----|
| 1. Have you ever taken over an uncompleted project at any phase of construction? | Yes | No |
| 2. Will you bid for uncompleted projects in the future? | Yes | No |
| 3. Any jobs covered by wrap-up coverage/OCIP? | Yes | No |
| 4. Any architectural or design work? | Yes | No |
| If "Yes", are employees licensed for this work? | Yes | No |
| 5. Any work done below grade? | Yes | No |
| a) Max Depth: _____ feet b) % of total work: _____% | | |
| 6. Will you use any subcontractors? | Yes | No |
| If "Yes", what type of work will they perform? | | |

- | | | |
|--|-----|----|
| 7. Are all subcontractors required to carry in-force liability insurance? | Yes | No |
| 8. Do you have a written contract with your subcontractors? (Please attach copy) | Yes | No |
| 9. Are Certificates of Insurance obtained from all subcontractors and monitored? | Yes | No |
| 10. Are you named as an additional insured on your subcontractors' liability policy? | Yes | No |
| 11. If "Yes", what is the minimum limit of liability required on the subcontractors' policy? _____ | | |

- | | | |
|---|-----|----|
| 12. Are roof openings covered to prevent weather infiltration after work hours? | Yes | No |
| 13. Do you have a formal fall-protection safety program? | Yes | No |
| 14. Are all jobs inspected by a job supervisor or foreman upon completion of work but before leaving the job site? | Yes | No |
| 15. Has there ever been a lapse, restriction or cancellation of your liability insurance? | Yes | No |
| 16. Have you, or your subcontractors, been or will be involved in any removal of asbestos, PCB's or other hazardous materials? | Yes | No |
| 17. Have you or your employees worked, or will work, under U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act? | Yes | No |
| 18. Do you have operations other than contracting? | Yes | No |
| 19. Are these operations to be covered by this insurance? | Yes | No |
| 20. In the past 10 years has, or in the future will , any of your work involve the construction of New Tract Homes or New Condominium or Townhouses? | Yes | No |
| If "Yes", list which ones _____ | | |
| Percentage of work for New _____ % Repair _____ % | | |

TORCH APPLIED ROOFING CONTROLS:

- | | | |
|--|-----|----|
| 1. Are torches, hot-air welders, heating kettles or heating tankers used? | Yes | No |
| 2. Is all work involving the use of torches performed by employees who have completed the National Roofing Contractors Association's Certified Roofing Torch Applicator Program (CERTA)? | Yes | No |
| • If yes, please attach copies of certificates. | | |
| • If no, please explain employee training and supervisory practices with respect to torch and welding work. | | |

Describe the largest projects you have performed in the past 5 years:

| <u>Project Location</u> | <u>Nature of Work</u> | <u>Contract Cost</u> |
|-------------------------|-----------------------|----------------------|
| | | |
| | | |
| | | |

LOSS HISTORY:

- Please attach 5 years currently valued hard copy loss runs.
- Loss runs must be valued within 90 days of the proposed coverage effective date.

1. 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 your company predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability?

Yes No

If "Yes", please explain:

2. Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including, but not limited to faulty or defective workmanship, product failure, construction dispute, and property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?

Yes No

If "Yes", please explain:

CYBER COVERAGE INSURANCE

Limits of Insurance: Coverage, if approved, will include Third Party Cyber Liability, First Party Privacy Breach Expense, and Regulatory Proceeding Claim Expense (read policy for coveragespecifics).

1. Network Security Information

| | | |
|---|-------|-------------------------------|
| a) Do you have an individual dedicated to managing your website and network security? If yes, name and title. _____ | Yes | No |
| b) Do you utilize encryption for data stored and transmitted? If no, attach description of security procedures used to protect data you store. | Yes | No |
| c) Is vendor or customer information stored on mobile devices or portable computers? | Yes | No |
| d) Do you use a "cloud" service through a Third-Party Vendor to store vendor or customer information? | Yes | No |
| e) Is there a formal policy regarding use or safekeeping of the mobile devices or portable computers? | Yes | No |
| f) Do you have a firewall? | Yes | No |
| g) How often do you run anti-virus software? | Daily | Weekly Greater than Weekly |

2. Loss/Incident Information

| | | |
|--|-----|----|
| a) Have you experienced a loss under the coverages applied for in the last five years? If yes, attach description and amount of loss. | Yes | No |
| b) Have you experienced a security breach or data loss in the last five years? If yes, attach description of security breach or data loss. | Yes | No |
| c) Have you received any complaints about website content in the last five years? If yes, attach description and resolution of complaint. | Yes | No |
| d) Are you aware of any circumstances or incidents which could result in a loss under the coverages applied for in the last five years? If yes, attach explanation. | Yes | No |

3. Prior Coverage

| | | |
|---|----------------|------------------------------|
| a) Have you ever had insurance for the coverages applied for? | Yes | No |
| If yes, list coverage, period and Insurer: | | |
| <u>Coverage Period</u> | <u>Insurer</u> | <u>Limits</u> <u>Premium</u> |

EXCESS/UMBRELLA SUPPLEMENTAL

- 1. Complete this section if excess limits are needed, otherwise proceed to Page 8.**
- 2. Answer ALL questions. If the answer to any question is “None”, please state “None”.**
- 3. Attach copies of the underlying Auto policy/quote/binder showing unit count and premiums per unit.**

LOSS HISTORY:

- **Please attach 5 years currently valued hard copy loss runs for the underlying Auto & Workers Compensation.**
- **Loss runs must be valued within 90 days of the proposed coverage effective date.**

Product and Installation questions:

- | | | |
|---|-----|----|
| 1. Does the Insured install or contract to another entity to install hardboard siding? (i.e. manufactured by Masonite, IP, LP, GP, ABTCO, Weyerhaeuser, etc.)? | Yes | No |
| 2. Does the Insured install or contract to another entity to install EIFS (i.e. manufactured by Dryvit, Sto, Senergy, Thoro, Parex, USG, Apache, etc.)? | Yes | No |
| 3. Has the Insured ever installed Polybutylene Pipe? | Yes | No |
| 4. Has the Insured ever been involved in any Construction Defect Lawsuits? | Yes | No |

Work Type questions:

- | | | |
|--|-----|----|
| 1. Does the Insured do any Structural Steel or Structural Concrete work? | Yes | No |
| 2. Any Gas Main work? | Yes | No |
| 3. Any Boiler work? | Yes | No |
| 4. Any Leasing/Renting of Cranes and /or Scaffolding to/from others? | Yes | No |
| a. If Yes, is it With or Without Operators? _____ With _____ Without | | |
| 5. Any Bridge, Airport, (Aprons, Taxiways, Runways), Dam or Dike work, Blasting, Demolition, Pile Driving, Tunneling, or work in Ships or Tankers? | Yes | No |
| If yes, please provide complete details: _____ | | |

Safety Information:

- | | | |
|---|-----|----|
| 1. How is the worksite protected? _____ | | |
| 2. Is there a jobsite supervisor at all times? | Yes | No |
| a. If yes, provide name: _____ | | |
| 3. Does the insured do accident investigations? | Yes | No |
| 4. Does the insured have a safety director on staff? | Yes | No |
| 5. Does the insured adhere to all OSHA standards and promote a safe work workplace? | Yes | No |

Automobile Information:

Vehicle Fleet Unit Count: _____ **# of Drivers:** _____

UNIT COUNTS:

| | |
|--------------------|----------------------------|
| Private Passenger: | Extra Heavy Truck: |
| Light Truck: | Heavy Truck/ Tractor: |
| Medium Truck: | Extra Heavy Truck/Tractor: |
| Heavy Truck: | Trailers: |

1. MVR's checked prior to hire and monitored on a regular basis? Yes No
2. What are vehicles used for? _____
3. What is the radius traveled? _____
4. Are all vehicles operated solely owned and registered by the applicant? Yes No
5. What percentage of employees will use their own autos in the business? _____%
6. Are any vehicles leased to others? Yes No
7. Are any of the vehicles customized, altered, or have special equipment? Yes No
8. Do the applicant's operations involve the transporting of hazardous materials? Yes No
9. Are any of the vehicles used by family members or non-employees? Yes No
- a. If Yes, please describe: _____
10. Is there a vehicle maintenance program in place? Yes No
11. Does the applicant have a formal specific driver recruiting method? Yes No
12. Are any drivers not covered by Workers Compensation? Yes No
13. Are there any autos owned by not scheduled under the Auto policy? Yes No

The undersigned applicant warrants the above statements and particulars, together with any attached or appended documents or materials (“this application”), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise, prior to the effective date of the policy issued pursuant to this Application, and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands that the Company is not obligated nor under any duty to issue a policy of insurance based upon this information. The Applicant further understands that if a policy is issued, the Application will be incorporated into and form a part of such policy.

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE PROGRAM MANAGER TO COMPLETE THE INSURANCE.

Applicant’s Signature: _____

Applicant’s Printed Name: _____

Applicant’s Title: _____ **Date:** _____

Producer’s Signature: _____ **Date:** _____