



www.ericksonlarseninc.com

# Roofer Questionnaire

(Complete in addition to Contractors GL Application)

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Named Insured:	_____		
Name of Producer/Agency:	_____	Phone:	_____
Address of Agency:	_____	Producer Number:	_____

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

1. Years of experience in this type of work ..... \_\_\_\_\_
2. 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 %**

3. 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?				
<b>Total =</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

What percentage of work is on Pitched Roofs?				
What percentage of work is on Flat Roofs?				
<b>Total =</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

4. Indicate type of work performed and percentage of the 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):				
<b>Total =</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

5. Check work done other than roofing:     Waterproofing     Siding     Carpentry     Rain Gutters  
 Asbestos Removal     Insulation     Other (describe): \_\_\_\_\_
6. If hot tar, torch or other "hot process" is used, explain in detail the process and what safety precautions are used:  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you do any snow removal on roofs? .....     Yes     No
8. Do you use any spray method for applying roofing materials? .....     Yes     No  
If yes, are flammable liquids or catalysts used? .....     Yes     No
9. Do you install any type of elastomer roof covering? .....     Yes     No  
If yes, does the elastomer installation require use of flammable liquid or open fire? .....     Yes     No
10. Are all jobs inspected by a foreman or the contractor at completion before leaving job site? .....     Yes     No
11. Do you subcontract any work to others? .....     Yes     No  
If yes, what percentage do you subcontract? \_\_\_\_\_%
12. Check the type of work subcontracted out:     Waterproofing     Siding     Hot Tar     Rain Gutters  
 Carpentry     Insulation     Other (describe): \_\_\_\_\_
13. What is the annual cost of the work subcontracted out?    \$ \_\_\_\_\_ yearly
14. Are Certificates of Insurance (of equal limits) received on all subcontracted work? .....     Yes     No  
How long are Certificates of Insurance kept?     Until job ends     One year     Two years  
 Three years     More than three years?     Never kept
15. Do you utilize "day laborers"? .....     Yes     No  
If yes, how many within a year? \_\_\_\_\_
16. List any roofing/building associations in which you are a member: \_\_\_\_\_  
\_\_\_\_\_
17. Indicate Receipts for the previous three years:  
Year: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
Year: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
Year: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_
18. Do you offer warranties? .....     Yes     No  
If yes, attach copies of warranty
19. What is the average height of buildings you work on? \_\_\_\_\_ stories
20. What is the tallest building you will work on? \_\_\_\_\_ stories
22. Do you perform any roofing on town homes and/or condominiums? .....     Yes     No
23. Where do you dispose of trash/waste/scrap?: \_\_\_\_\_  
\_\_\_\_\_
24. Is this disposal process environmentally safe? .....     Yes     No
25. Have you ever used, sold, installed or worked with asbestos? .....     Yes     No  
If yes, explain: \_\_\_\_\_

26. What is the maximum number of homes roofed in any one development, in any one year? \_\_\_\_\_
27. Any LPG storage? .....  Yes  No  
 If yes, how much?: \_\_\_\_\_  
 How is it stored? \_\_\_\_\_  
 What are the safety precautions? \_\_\_\_\_

28. List five largest jobs and types in the last three years:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

29. If this is a new venture and/or the applicant has had no prior coverage within the past 3 years, include 2-3 verifiable references. Provide the name of the company in which the applicant worked, including contact names and phone numbers.  
 \_\_\_\_\_  
 \_\_\_\_\_

30. List the type of owned equipment used on the job  
 \_\_\_\_\_  
 \_\_\_\_\_

31. List any equipment rented and check the frequency of such rental

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"/>

**PUBLIC PROTECTION**

32. Do you have a written safety program? .....  Yes  No

33. How do you protect the general public from potential injury? Check all that apply:  
 Rope off work area  Signs  Cones  Flashing lights  Man always on the ground  
 No protection necessary  Other (describe): \_\_\_\_\_

34. How are materials lifted to the roof? Check all that apply.  
 Ladder  Hoist  Pulley  Crane  Other (describe): \_\_\_\_\_

35. Are materials and equipment left overnight at job site? .....  Yes  No

36. In what manner are openings in roof protected overnight? Check all that apply.  
 Tarp  Waterproof plywood  Never leave openings  Other (describe): \_\_\_\_\_

37. 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): \_\_\_\_\_

**FRAUD STATEMENT**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

**I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance of the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

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Signature of Applicant

Title

Date

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Signature of Producing Agent

Date

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Agency Name, address & phone number