



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?				
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%

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):				
Total =	100%	100%	100%	100%

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/builder 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/scraps?: _____

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.

Signature of Applicant

Title

Date

Signature of Producing Agent

Date

Agency Name, address & phone number