

Strickland General Agency of FL, Inc.
ROOFING CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE
(Complete in Addition to Acord Application)

1. Name of Applicant: _____
(Complete one questionnaire for each named insured / for each risk.)

2. Percentage of Work Performed on:

Apartments _____% Industrial Buildings _____% Office Buildings _____%
 Condominiums _____% One/Two Family Dwellings _____% Other _____%
 Explain other: _____

Maximum percentage of work per year applicant has done in past ten years on
 Condominiums/Townhouse: _____% Largest Complex (# of units): _____

3. Percentage of work which is:

a. Reroofs _____% Repair/Patch Work _____% New Roofs _____%
 b. 1 to 3 Story _____% 4 to 5 Story _____% Over 5 Story _____%
 c. Slate/Tile _____% Wood shake/shingle _____% Composition _____%
 Hot/Composition _____% Polyurethane Foam _____% Metal/Aluminum _____%
 Other _____% Explain Other: _____
 d. Flat _____% Pitched _____%

4. Does applicant use "Hot Tar"? Yes No If yes, what percentage is "Hot Tar" work _____%
 Does applicant sub out "Hot Tar" work? Yes No If yes, what estimated annual cost of subs
 for "Hot Tar" work? \$ _____

5. Does applicant install roofing systems that require use of setting fire (torch work) to asphalt for application of
 other roofing materials? Yes No If Yes, describe process and percentage of work
 involving this? _____

6. Does applicant use any spray method for applying roofing materials? Yes No If yes, are
 flammable liquids or catalysts used? Yes No

7. Does applicant install any type of elastomer roof coverings requiring spraying or use of flammable liquid or
 open fires? Yes No

8. Are all jobs inspected by a foreman or the contractor at completion before leaving job site?
 Yes No

9. Which of the following does applicant use?

Cranes Yes No Kettles Yes No Roof cleaning Tractors Yes No
 Hoists Yes No Forklifts Yes No Scaffolding Yes No
 a. If risk involves heating kettles, are they equipped with automatic shut off valves? Yes No

10. Does applicant sub out any work? Yes No, If yes, describe type of work subbed and total annual
 cost: _____

Does applicant obtain certificates of liability insurance from sub-contractors? Yes No
 If yes, what limits are required? _____

11. Property damage resulting from water, rain, snow, sleet or ice is excluded. However, this exclusion does not
 apply to the Products - Completed Operations hazard (coverage available only after job is completed). Work
 on buildings over five (5) stories is also excluded.

Do you wish to buy back water damage (while job is in progress)? Yes No

12. Coverage also is excluded for the following: *(indicate whether applicant wishes to buy back any of the following coverages.)*

Use of "Hot Tar"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of subcontractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work over 3 stories	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Do you have knowledge of any occurrence which might give rise to a claim? Yes No

If yes, explain: _____

14. Remarks: _____

If coverage is provided, it will contain special exclusions (above and beyond normal policy exclusions) including, but not limited to the following:

- A. Absolute bodily injury exclusion to applicant's employees
- B. Broad Form Contractual (Limited and Intermediate form is provided)
- C. Medical Payments Coverage (an optional coverage can be purchased for an additional premium).
- D. Pollution (Absolute)
- E. Pre-existing Injury or Damage
- F. Punitive Damages
- G. Use of "Hot Tar" (can be deleted for additional premium charge)
- H. Use of subs unless subs provide Certificate, prior to entering jobsite, showing evidence of liability coverage equal to applicants and Worker's Compensation Coverage.
- I. Water damage while the job is in progress (can be deleted for an additional premium).
- J. Work over three (3) stories (can be changed for an additional premium).
- K. Work on Condominiums, Townhomes, Townhouses or Apartments (can be deleted for an additional premium).

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Applicant: _____ Producer: _____

Signature: _____

Date: _____ Producer Signature: _____