ROOFING CONTRACTORS QUESTIONNAIRE

PLEASE MAKE SURE ALL QUESTIONS ARE ANSWERED

1. Applicant Name: ____________________________
   Address: ________________________________________
   Years in business under the applicant name: ____________
   Are you an NRCA (National Roofing Contractors Association) member?  Yes  No

2. Contractor’s License Number: ____________________________
   States in which you do business: ____________________________
   Have you ever worked in, or do you anticipate working in Colorado?  Yes  No

3. Have you operated under another business name and licenses in the past 10 years?  Yes  No

4. Does the applicant currently own or operate any other business?  Yes  No

5. Percentage of current operations as General Contractor _______ %  Subcontractor _______ %

6. Exposure Data
   Projections for the upcoming year
   Estimate for the year just completed
   Actual for the first prior year

7. Roofing Operations

<table>
<thead>
<tr>
<th>Building Type</th>
<th>Percentage of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>%</td>
</tr>
<tr>
<td>Commercial</td>
<td>%</td>
</tr>
<tr>
<td>Industrial</td>
<td>%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slope</th>
<th>Percentage of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pitched</td>
<td>%</td>
</tr>
<tr>
<td>Low Slope</td>
<td>%</td>
</tr>
<tr>
<td>Flat</td>
<td>%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphalt Shingle</td>
<td>%</td>
</tr>
<tr>
<td>Wood/Shake Shingle</td>
<td>%</td>
</tr>
<tr>
<td>Tile</td>
<td>%</td>
</tr>
<tr>
<td>Metal</td>
<td>%</td>
</tr>
<tr>
<td>Polyurethane Foam</td>
<td>%</td>
</tr>
<tr>
<td>Hot Tar</td>
<td>%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot Air Welding</td>
<td>%</td>
</tr>
<tr>
<td>Torch Down</td>
<td>%</td>
</tr>
<tr>
<td>Modified Bitumen (hot)</td>
<td>%</td>
</tr>
<tr>
<td>Modified Bitumen (cold)</td>
<td>%</td>
</tr>
<tr>
<td>EPDM (hot)</td>
<td>%</td>
</tr>
<tr>
<td>EPDM (cold)</td>
<td>%</td>
</tr>
</tbody>
</table>

8. Please list the percentage of your roofing operations work performed in connection with:

<table>
<thead>
<tr>
<th>Work Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Construction – Residential</td>
<td>%</td>
</tr>
<tr>
<td>New Construction Commercial</td>
<td>%</td>
</tr>
<tr>
<td>Re-Roofing</td>
<td>%</td>
</tr>
<tr>
<td>Roof Repair</td>
<td>%</td>
</tr>
</tbody>
</table>

9. Will your upcoming work involve new construction on condominiums or townhouses?  Yes  No
   Will your upcoming work involve repair or remodel work on condominiums or townhouses?  Yes  No
   Will your upcoming work involve new construction on tract home developments?  Yes  No
   If yes please advise the maximum number of homes in the entire tract development?
   Have you ever worked on the conversion of apartments to condominiums?  Yes  No

10. Do you perform roof tear off operations?  Yes  No
    Do you subcontract roof tear off operations to others?  Yes  No

11. Please describe your weather detection procedures
12 Do you have a procedure for limiting the amount of roof to be opened at a time?  
☐ Yes  ☐ No

Please describe the procedure utilized
____________________________________________________________________________________

13 Heat Application Work
Do you perform any Heat Application Roofing operations, including but not limited to Hot Tar, Torch Down, Hot Air Welding or use any equipment with that has an open flame or produces heat or sparks?  
☐ Yes  ☐ No

Are your employees NRCA Torch Application certified?  
☐ Yes  ☐ No

Prior experience with heat application roofing operations
What is the minimum length of time, in hours, that you remain on a heat application job site after the completion of the job or leaving the job site for more than two hours?  
☐ Yes  ☐ No

Please describe your Heat Application fire safety inspection procedures
____________________________________________________________________________________

14 Do you use Subcontractors?  
☐ Yes  ☐ No

Percentage of Work subcontracted  __________ %

Does the type of subcontracted work include the following:
Residential Roofing  ☐ Yes  ☐ No  Framing  ☐ Yes  ☐ No  Siding  ☐ Yes  ☐ No
Commercial Roofing  ☐ Yes  ☐ No  Plumbing  ☐ Yes  ☐ No  Welding  ☐ Yes  ☐ No
Torch Down Application  ☐ Yes  ☐ No  Sheet Metal  ☐ Yes  ☐ No  Heating/AC  ☐ Yes  ☐ No
Hot Tar Application  ☐ Yes  ☐ No  Gutters  ☐ Yes  ☐ No  Demolition  ☐ Yes  ☐ No
Window Installation  ☐ Yes  ☐ No  Debris Removal  ☐ Yes  ☐ No

Do you obtain a standard written agreement from all subcontractors on all jobs?  
☐ Yes  ☐ No

Do you collect Certificates of Insurance showing Additional Insured coverage for you from all subcontractors?  
☐ Yes  ☐ No

Do you allow subcontractors to begin work prior to the collection of Certificates of Insurance?  
☐ Yes  ☐ No

Do you have a procedure for reviewing and maintaining Certificates of Insurance?  
☐ Yes  ☐ No

Please describe your subcontractor selection process  __________________________________________
____________________________________________________________________________________

15 Describe your three largest project over the past five years

<table>
<thead>
<tr>
<th>Project Name/Description</th>
<th>Construction/Job Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

16 Equipment
Do you use cranes?  
☐ Yes  ☐ No

Is this equipment rented?  
☐ Yes  ☐ No

Is equipment rented with operator?  
☐ Yes  ☐ No

Do you own or use scaffolding?  
☐ Yes  ☐ No

What is the maximum height at which you will work?  __________ stories

18 Please answer each of the following questions

Have there been any claims or suits against you in the past five years?  
☐ Yes  ☐ No

Are there any claims or legal actions pending against any entity named in this application?  
☐ Yes  ☐ No

After inquire do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in this application?  
☐ Yes  ☐ No

Have you been accused of any faulty construction in the past five years?  
☐ Yes  ☐ No
DEFINITIONS:

GENERAL CONTRACTOR – A contractor, who exercises primary control of the job site, typically subcontracts a significant portion of the work, and/or is named in the construction documents as the general contractor of record.

OPEN ROOF – Any roof or section of roof where the outermost layers of protective covering have been removed leaving exposed the underlying material structure, structure interior or its contents.

TORCH APPLIED ROOFING (MODIFIED BITUMEN) – This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

MODIFIED BITUMEN – Also called “modbit” membranes consist of an asphalt and polymer blend which allow the asphalt to take on characteristics of the polymer.

HOT AIR WELDING – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WARRANTY: The purpose of this Contractors Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of the applicant's insurability. Material misstatements or errors made on this form may provide a basis for the company's rescission of the policy at any time during the term of the policy, with the return of unearned premium. The undersigned, therefore, warrants that the information contained herein (consisting of 6 pages) is true an accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire shall be the basis of any insurance policy that may be issued.

Signature of Applicant:*  
  
Name & Title: __________________________ Date: ____________

*Must be owner, executive officer or partner of the company