

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
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 Scottsdale, Arizona 85258

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**Roofers Questionnaire**  
 (COMPLETE IN ADDITION TO GL APPLICATION)

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

1. **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%

2.

| 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%                  |

| Indicate type of work performed and percentage of 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%

3. Check work done other than roofing:     Waterproofing     Siding     Asbestos removal     Rain gutters  
 Carpentry     Insulation     Other (describe): \_\_\_\_\_

4. If hot tar, torch or other "hot process" is used, explain in detail the process and what safety precautions are used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you subcontract any work? .....  Yes  No  
If yes, what percentage do you subcontract? ..... \_\_\_\_\_%

6. Check the type of work subcontracted out:     Waterproofing     Siding     Hot tar     Rain gutters  
 Carpentry     Insulation     Other (describe): \_\_\_\_\_

7. What is the annual cost of the work subcontracted out? \$\_\_\_\_\_ yearly

8. Are Certificates of Insurance (of equal limits) received on all subcontracted work?.....  Yes  No

9. How long are Certificates of Insurance kept?     Until job ends     One year     Two years     Three years  
 More than three years     Never kept

10. Do you utilize "day laborers"? .....  Yes  No  
If yes, how many within a year? \_\_\_\_\_

**GENERAL INFORMATION**

11. List any roofing/builder associations in which you are a member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Receipts, Payroll & Number of Employees for previous three years:**

| Year | Receipts | Payroll | No. of Full-Time Employees | No. of Part-Time Employees |
|------|----------|---------|----------------------------|----------------------------|
|      | \$       | \$      |                            |                            |
|      | \$       | \$      |                            |                            |
|      | \$       | \$      |                            |                            |

**13. Do you offer warranties?** .....  Yes  No  
 If yes, attach copies of warranty.

**14. What is the average height of buildings you work on?** \_\_\_\_\_ stories

**15. What is the tallest building you will work on?** \_\_\_\_\_ stories

**16. Where do you dispose of trash/waste/scraps?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**17. Is this disposal process environmentally safe?** .....  Yes  No

**18. Have you ever used, sold, installed or worked with asbestos?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**19. Any LPG storage?** .....  Yes  No  
 If yes, how much? \_\_\_\_\_  
 How is it stored? \_\_\_\_\_  
 What are the safety precautions? \_\_\_\_\_  
 \_\_\_\_\_

**20. List the five largest jobs and types in the last three years:**

1. \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_
4. \_\_\_\_\_  
 \_\_\_\_\_
5. \_\_\_\_\_  
 \_\_\_\_\_

**21. Years of experience?** \_\_\_\_\_

**MATERIALS AND EQUIPMENT**

**22. List the type of owned equipment used on the job:**

\_\_\_\_\_  
 \_\_\_\_\_

**23. List any equipment rented and check the frequency of such rental:**

| EQUIPMENT RENTED  |                                       |                          |                          |                          |
|-------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
|                   | <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**

**24. Do you have a written safety program?** .....  Yes  No

**25. How do you protect the general public from potential injury?** Check one or more:

- Rope off work area    
  Signs    
  Cones    
  Flashing lights    
  Man always on the grounds  
 No protection necessary    
 Other (describe): \_\_\_\_\_

**26. How are materials lifted to the roof?**    
 Ladder    
 Hoist    
 Pulley    
 Crane

Other (describe): \_\_\_\_\_

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

**28. In what manner are openings in roof protected overnight?**  Tarp    
 Waterproof plywood    
 Never leave openings

Other (describe): \_\_\_\_\_

**29. 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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.