

**Arch Insurance - Construction Middle Market Division  
Supplemental Questionnaire for Roofing Contractor**

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Date:

**CONTACT INFORMATION**

Named Insured:

Contact/Applicant Name:

Phone:

Website:

Email:

**BUSINESS DETAILS**

Year Business Established:

Please provide a Description of your Operation:

If the business ever operated under a different name, please list them

Average Number of Employees:

Please list States In Which You Operate:

Please list the States you have worked in within the last 10 years (not listed above):

Annual Sales Volume/Receipts:

Projected

2nd Prior Year

Expiring

3rd Prior Year

1<sup>st</sup> Prior Year

4<sup>th</sup> Prior Year

Payroll History:

Projected

2nd Prior Year

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Expiring	3rd Prior Year
1 <sup>st</sup> Prior Year	4 <sup>th</sup> Prior Year

Subcontractor Cost:

Projected	Expiring
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Please list the percentage of Total Receipts that you perform in each Market Segment:

Commercial	%	Government	%
Agricultural	%	Rooftop Helipad	%
Industrial	%		%
Residential:			
Single Family Home	%	Apartments	%
Condo	%	Nursing Home/Asst Living	%
Townhouse	%	Hotel/Motel	%
Timeshare	%	Dormitory	%
Other (describe):			%

Please list the percentage of Total Receipts that/if you perform in:

New Construction	%	Manufacturing	%
Reconstruction	%	Fabrication	%
Service/Maintenance	%	Demolition (Structure vs Non-Structure %)	%

Please list the percentage of Total Receipts that you operate as:

General Contractor	%	Subcontractor	%
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### CONTRACTUAL RISK TRANSFER

Do you require a Subcontract Agreement be used for all subcontracted work?

If "No", please describe when a Subcontract Agreement would not be used for subcontracted work.

Do you collect Certificates Of Insurance from all Subcontractors?

How are they tracked for Expiration?

Do you require that all Subcontractors name you as "Additional Insured"?

How Do You Pre-Qualify Subcontractors?

Design Work:

Does the company do Design Work?

If "Yes", is a Professional Policy in place for the company?

If "Yes", what are the Policy Limits?

Pollution:

Is a Pollution Policy in place for the company?

If "Yes", what are the Policy Limits?

How Do You address QA/QC On Jobs?

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**BASIC SAFETY PROGRAM COMPONENTS**

Does the company have the following components? (Yes/No)

Full Time Safety Director:

Safety Director's Name

Written Safety Program:

New Hire Orientation:

Safety Training:

Drug Testing Program:

Pre-Hire?

Post-Accident?

Random?

Reasonable Susp?

Safety Task Analysis or Site Specific Plan:

Light Duty/Return to Work Program:

Crisis Management Plan:

**BASIC FLEET PROGRAM COMPONENTS**

Does the company have the following components? (Yes/No)

Written Fleet Program:

Including Vehicle Maintenance:

Crew or group transport:

Bus:

Van:

Motor Vehicle Report (MVR) run at hire?

Annually:

For cause/Post-Incident:

Motor Vehicle Report (MVR) Written Driver Criteria:

If "Yes", please describe:

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**ROOFING CONTRACTOR**

<b>ROOFING SYSTEMS</b> <i>(please provide percentage for each)</i>		%	
Asphalt Shingle		Metal Roofing	
Built-Up		Thermoplastic Membrane (TPO/PVC )	
Green Roof		Thermoset Membrane (EPDM)	
Liquid Applied & Spray Foam		Torch Down (Modified Bitumen)	
Other (describe roofing system/s)			

What is your overall % of Flat Roof work:

What is your Average story height :

What is your Maximum story height:

<b>OPERATIONAL FOCUS</b> <i>(please provide percentage for each column)</i>		Self%		Sub%	
Carpentry				Painting	
Crane				Rigging	
Demolition				Roofing	
Drain				Rooftop Snow Removal/Ice Dam Removal	
Electrical:				Siding	
Flashing/Sheet Metal				Solar	
Insulation				Steel (Ornamental)	
Lightning Protection				Waterproofing - roof	
Other (describe operation/s)					

<b>SPECIALTY WORK</b>		Self%		Sub%	
Abatement/Asbestos				Nuclear	
Air Port				Refinery	
Design Work				Specialty Occupancy	
EFIS				- High Value Occupancy?	
High Rise				- Historical Buildings?	
Other (describe operation/s)					

**SPECIFIC SAFETY PROGRAM COMPONENTS**

How do you manage the potential Electromagnet Frequency Exposure on jobs?

Please list how long you retain Records?

10 Years

Statute of Repose

Other

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Crane Management:

Owned:

List operator qualifications:

Who performs Annual Inspections?

Who performs Qualified Rigger and Signal Person training?

What Crane work will you perform for others?

Subcontracted:

How is the Contractual Risk Transfer managed?

What Umbrella Limits do you require?

What Operator Qualifications are required?

How do you know the Subcontractor completed the Annual Inspection?

Do you use their Riggers and Signal Persons or your own?

Please describe any Trade Associations or Groups that you participate (NRCA, State Chapter, ABC, etc.):

Signature: \_\_\_\_\_

Date:

Title: