

Roofing Supplemental Risk Questionnaire

1. Legal name:
2. Contractor's license number:
3. Years in business:
4. How many years experience does the ownership have in this trade?
5. What is the average experience level of the employees?
6. Payroll and premium information for the current year and last three (3) years:

Year	Payroll	Premium
Current:		
1 st Prior:		
2 nd Prior:		
3 rd Prior:		

7. Percentage of work performed (0.22 = 22%):

	Residential	Commercial	Industrial
New Construction:			
Re-Roofing:			
Service Work:			

8. Max height exposure: Fall protection systems used:
9. What types of personal protective equipment are employees required to wear?
10. Any "hot tar" used? Yes No
If yes, what percentage is "hot tar" work? %
11. Is there any installation of roofing systems that require the use of setting fire (torch work) to asphalt for the application of other roofing materials? Yes No
If yes, describe the process and percentage of work involving this:
12. Is a spray method for applying roofing materials used? Yes No
If yes, are flammable liquids or catalysts used? Yes No
13. Is there work involving the installation of any elastomeric roof coverings that require the spraying or use of flammable liquid or open fires? Yes No

Roofing Supplemental Risk Questionnaire (cont.)

14. Which of the following are used?

	Yes	No		Yes	No
Cranes			Hoists		
Kettles			Scaffolding		
Forklifts			Roof Cleaning Tractors		

If risk involves heating kettles, are they equipped with automatic shut off valves? Yes No

15. How are materials lifted to the roof?

Ladder Hoist Pulley Crane Other

16. Is there a formal training and safety program in place? Yes No

If yes, provide details on the training provided for new hires and seasoned employees:

17. What is the maximum number of employees used on a roofing job?

18. Do you employ day laborers? Yes No

19. Do, or will, the owner(s) or corporate officer(s) of the business perform any roofing work or supervise at job sites? Yes No

20. Do you employ relatives or family members, whether paid or unpaid? Yes No

If yes, what are their responsibilities?

21. Is any work subcontracted? Yes No

If yes, percentage of work subcontracted: %

Describe type(s) of subcontracted work:

22. Are certificates of insurance required from all subcontractors? Yes No

If yes, provide details on certs program:

To the best of my knowledge, all of the information I have given about my business is true and correct.

Officer or Owner of Business

Date