

ACCIDENT/MADISON INSURANCE COMPANY

Roofing Supplemental Questionnaire

1. Applicant:			
2. Website Address:			
3. Describe all operations:			
4. Indicate type of work performed by you or your employees:			
a. Inspection / Maintenance	0 %	b. New Construction	0 %
c. Replacement	0 %	d. Repair	0 %
5. Indicate the type of structures that you or your employees will work on:			
a. Apartments:	0 %	b. Condominiums	0 %
c. One/Two Family Dwellings	0 %	d. Three/Four Family Dwellings	0 %
e. Office Buildings	0 %	f. Retail Buildings	0 %
g. Schools	0 %	h. Warehouses	0 %
i. Plants	0 %	j. Other	0 %
6. Number of Stories:			
a. 1 – 3 Stories	0 %	b. 4 – 5 Stories	0 %
7. Roof Types:			
a. Pitched Roofs	0 %	b. Flat Roofs	0 %
8. Roofing Materials:			
a. Asphalt shingles	0 %	b. Concrete shingles	0 %
c. Fiberglass shingles	0 %	d. Hot tar	0 %
e. Metal / Aluminum	0 %	f. Rubber / Elastomeric Roofing	0 %
g. Sheet polyurethane foam	0 %	h. Sprayed polyurethane foam	0 %
i. Single ply	0 %	j. Slate	0 %
k. Tile	0 %	l. Torch applied	0 %
m. Wood shake	0 %	n. Other:	0 %
9. Equipment used (owned or rented):			
a. <input type="checkbox"/> Cranes		b. <input type="checkbox"/> Forklifts	
c. <input type="checkbox"/> Hoists		d. <input type="checkbox"/> Kettles	
e. <input type="checkbox"/> Pulleys		f. <input type="checkbox"/> Scaffolding	
g. <input type="checkbox"/> Tractors			
10. Do you rent any equipment to others? <input type="checkbox"/> Yes <input type="checkbox"/> No		a. If yes, what type of equipment?	
11. Do you leave materials and equipment overnight on job sites?			<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you had any prior claims or are you, or have you been, involved in any law suits arising from any of your operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes", please explain:			
13. Is your business a corporation, partnership or sole proprietorship?			
14. Years of experience:			0 Years / 0 Months
15. Length of time in business:			0 Years / 0 Months
a. Full-time / Part-time:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
17. Are you licensed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Kind of license:		b. Year license issued:	

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18. Number of:			
a. Owners:	0	b. Partners	0
c. FT Employees	0	d. PT Employees	0
e. Leased Employees:	0	f. Day Laborers	0
19. State / Area of operations:		/	
a. Radius of operations from your main location:			0 Miles
20. List the past three projects including location, receipts, type of work performed, project start and end dates.			
<u>Type of Work Performed</u>	<u>Receipts</u>	<u>Location</u>	<u>Start Date</u>
	\$0		
	\$0		
	\$0		
21. Account history for prior 3 years:			
	<u>Current Year</u>	<u>Last Year</u>	<u>Year Before Last</u>
a. Employee Payroll	\$ 0	\$ 0	\$ 0
b. Total Revenue	\$ 0	\$ 0	\$ 0
c. Total Subcontracted Costs	\$ 0	\$ 0	\$ 0
22. Do you normally use the same subcontractors			<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Please describe the operations performed by subcontractors for you below:			
<u>Operation</u>	<u>Percentage</u>	<u>Operation</u>	<u>Percentage</u>
Carpentry	0 %	Guttering	0 %
Hot Tar	0 %	Insulation	0 %
Siding	0 %	Waterproofing	0 %
Other:			0 %
24. Are certificates of insurance obtained from subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Minimum Limits Required			\$ per Occurrence
b. Are you named as an additional insured on the subcontractors' policies?			<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do you use a written contract for all your subcontractors that includes a hold harmless clause in your favor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
26. How long are certificates retained after the completion of work:			0 Years / 0 Months
27. Do you use a standard service contract that sets out your responsibilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
28. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Are all jobs inspected by a foreman or supervisor upon completion:			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Is there a written record of the inspection made and retained with the job file:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30. What states, other than your home state, do you operate?			

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PRODUCER'S SIGNATURE

DATE:

APPLICANT'S SIGNATURE

DATE:

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.