



Associated Underwriters, Inc.
 9412 Giles Road
 LaVista, NE 68128

Phone: 402.592.0900
Fax: 402.592.0962

ROOFING CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE
(Complete in Addition to Acord Application)

1. Name of Applicant: _____
 (Complete one questionnaire for each named insured / for each risk.)

2. Percentage of Work Performed on:

Apartments _____% Industrial Buildings _____% Office Buildings _____%
 Condominiums _____% One/Two Family Dwellings _____% Residential Tract _____%
 Explain other: _____

Maximum percentage of work per year applicant has done in past ten years on
 Condominiums/Townhouse: _____% Largest Complex (# of units): _____

3. Percentage of work which is:

a. Reroofs _____% Repair/Patch Work _____% New Roofs _____%
 b. 1 to 3 Story _____% 4 to 5 Story _____% Over 5 Story _____%
 c. Slate/Tile _____% Wood shake/shingle _____% Composition _____%
 Hot/Composition _____% Polyurethane Foam _____% Metal/Aluminum _____%
 Other _____% Explain Other: _____
 d. Flat _____% Pitched _____%

4. Does applicant use "Hot Tar"? Yes No If yes, what percentage is "Hot Tar" work _____%
 Does applicant sub out "Hot Tar" work? Yes No If yes, what estimated annual cost of subs
 for "Hot Tar" work? \$ _____

5. Does applicant install roofing systems that require use of setting fire (torch work) to asphalt for application of
 other roofing materials? Yes No If Yes, describe process and percentage of work
 involving this? _____

6. Does applicant use any spray method for applying roofing materials? Yes No
 If yes, are flammable liquids or catalysts used? Yes No

7. Does applicant install any type of elastomer roof coverings requiring spraying or use of flammable liquid or
 open fires? Yes No

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

9. Which of the following does applicant use?
 Cranes Yes No Kettles Yes No Roof cleaning Tractors Yes No
 Hoists Yes No Forklifts Yes No Scaffolding Yes No
 a. If risk involves heating kettles, are they equipped with automatic shut off valves? Yes No

10. Does applicant sub out any work? Yes No, If yes, describe type of work subbed and total annual
 cost: _____

Does applicant obtain certificates of liability insurance from sub-contractors? Yes No
 If yes, what limits are required? _____ If No, provide Uninsured Cost of Subs \$ _____

11. Property damage resulting from water, rain, snow, sleet or ice is excluded. However, this exclusion does not
 apply to the Products - Completed Operations hazard (coverage available only after job is completed). Work
 on buildings over five (5) stories is also excluded.
 Do you wish to buy back water damage (while job is in progress)? Yes No

12. Coverage also is excluded for the following: *(indicate whether applicant wishes to buy back any of the following coverages.)*

Use of "Hot Tar" Yes No Medical Coverage Yes No
 Use of subcontractors Yes No Work over 3 stories Yes No

13. Have you had an open structure claim in the last 5 years? Yes No
 If yes, explain: _____

14. Do you have knowledge of any occurrence which might give rise to a claim? Yes No
 If yes, explain: _____

15. Provide payrolls, sub contract costs and sales for past five (5) years and estimate for next twelve (12) months:

<u>Year</u>	<u>Payroll</u>	<u>Costs</u>	<u>Uninsd Subs Costs</u>	<u>Sales</u>
2006/2007	\$ _____	\$ _____	\$ _____	\$ _____
2007/2008	\$ _____	\$ _____	\$ _____	\$ _____
2008/2009	\$ _____	\$ _____	\$ _____	\$ _____
2009/2010	\$ _____	\$ _____	\$ _____	\$ _____
2010/2011	\$ _____	\$ _____	\$ _____	\$ _____
Next 12 Months	\$ _____	\$ _____	\$ _____	\$ _____

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Title (Officer, Partner): _____
 Signature of Applicant: _____
 Date: _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.