

ROOFERS APPLICATION

1. Applicant's Name _____

2. Address _____

3. Number of years in roofing business? _____

4. Describe management experience in the roofing business _____

5. How many permanent employees do you have? _____ On average, how many part time employees do you have? _____ Are your operations unionized (Y/N)? _____

6. Receipts & Payroll for Last 5 years

	Receipts	Payroll
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____
Year _____	_____	_____

7. What is the average contract size (\$) ? _____

8. Forecasted Receipts for next 12 months _____

9. What is the maximum building size (number of stories) you work on? _____ What is the average? _____

10. What roof types do you install? _____

11. Are there any roof types that you have just begun to install in the last two years (Y/N)? _____ If yes, which ones? _____

12. Describe project type in which you specialize. _____

13. Work performed in addition to roofing (check all that apply)

- a. Waterproofing _____
- b. Siding _____
- c. Asbestos removal _____
- d. Rain gutters _____
- e. Carpentry _____
- f. Insulation _____
- g. Other (describe) _____

14. Percentage of Operations as:

- a. General Contractor _____
- b. Sub-Contractor _____
- c. Owner/Builder _____

15. Percentage of Operations as:

- a. Residential New Construction _____
- b. Commercial New Construction _____
- c. Industrial New Construction _____
- d. Residential Repair/Replace _____
- e. Commercial Repair/Replace _____
- f. Industrial Repair/Replace _____

16. Percentage of Work Subcontracted _____

17. Type of Work Subcontracted _____

18. Certificates of Insurance (of equal limits) required of subcontractors Y/N?
 _____ How long are certificates kept? _____

19. List five largest current projects and the anticipated completion date.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

20. List five largest projects completed in the last 5 years.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

21. Do you have a formal Loss Control Program (Y/N)?

Is it in writing (Y/N)? _____

Who is responsible (include title)? _____

Which of the following elements does it include?

a. Safety rules and regulations (Y/N)? _____

b. Safety Meeting (Y/N)? _____

i. How frequently? _____

ii. Attendance mandatory (Y/N)? _____

c. Site safety inspection checklist (Y/N)? _____

d. Hazardous material handling training (MSDS) (Y/N)? _____

e. Fire prevention/protection training (Y/N)? _____

f. Safety requirements for subcontractors (Y/N)? _____

g. What is your worker's compensation experience mod? _____

22. If you or your sub-contractors use hot tar, what safety precautions are used? _____

23. Describe how is job site secured at end of workday. _____

24. Are all jobs inspected by management at completion, before leaving the job site (Y/N)? _____