

Mid-Continent Insurance Company

124 N. CENTER AVENUE, P.O. BOX 632, SOMERSET, PENNSYLVANIA 15501-0632
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ROOFING CONTRACTORS QUESTIONNAIRE SUPPLEMENTAL INFORMATION FOR USE WITH APPLICATION

1. Name of Applicant _____
2. Type of Roofing Methods Used (i.e.: shingles or wood, tile, slate, metal, foam, hot tar, etc.)
Shingle, Slate or Tile _____% Cold built-up roofing _____%
Rubber _____% Hot Tar _____% Other _____%
Specialty (ie: metal, polyurethane foam, polyvinyl chloride, etc.) _____% Describe: _____
3. Description of jobs completed during last year: _____

4. Safety training program for new employees: _____
5. Type, Age and Maintenance of Equipment: _____

6. Is job inspected at completion? _____ If yes, by whom (foremen, general contractor, etc.) _____

7. What precautions are taken to protect the public from injury or property damage? _____

8. How is building protected from wind and rain damage when roof is partly completed? _____

9. Is ANY work subcontracted out? _____ . If yes, percentage subcontracted? _____ %
Type of work subcontracted? _____
10. Number of years in business? _____ . If less than 5 years, other roofing experience? _____
11. Any use of casual (untrained) labor during busy season? _____
Any use of subcontractors as employees? _____
12. Any roofing above three stories? _____

AGENT _____

DATE _____