

Residential Roofing Contractor Qualification Form

(As suggested by the National Roofing Contractors Association)

	Company #1	Company #2
Submitted By:		
Company:		
Address:		
City, State, Zip:		
Telephone:		
FAX:		
E-mail:		
<i>I certify that all statements and answers contained in this document have been answered truthfully to the best of my knowledge.</i>	Signature: _____ Date: _____	Signature: _____ Date: _____
Company Information		
Years in business under this name:	_____ Years	_____ Years
Owner/President's years of roofing experience:	_____ Years	_____ Years
State license number, where applicable:	License No. _____ State _____	License No. _____ State _____
Is your company currently involved in litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your company filed for bankruptcy in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year _____
Insurance		
Workers' compensation insurance carrier (A copy of the certificate should be requested.) <small>Note: Consult your state's laws to determine workers' compensation insurance requirements.</small>	Name: _____ Contact: _____ Address: _____ Telephone: _____	Name: _____ Contact: _____ Address: _____ Telephone: _____
Liability insurance carrier (A copy of the certificate should be requested.)	Name: _____ Contact: _____ Address: _____ Telephone: _____	Name: _____ Contact: _____ Address: _____ Telephone: _____
Customer References		
1. Name:		
Address:		
Telephone:		
2. Name:		
Address:		
Telephone:		
3. Name:		
Address:		
Telephone:		
Trade and business association memberships:	Name: _____ Name: _____	Name: _____ Name: _____

	Company #1	Company #2
Roof System Covering Materials		
Roof covering material:		
Hip and ridge material:	<input type="checkbox"/> Standard <input type="checkbox"/> High profile	<input type="checkbox"/> Standard <input type="checkbox"/> High profile
Materials to be used <i>(If applicable, please list type of materials to be used in detail.)</i>		
Decking:		
Underlayment:		
Ice Shield:		
Fasteners:		
Valleys:		
Roof vents:		
Ridge vents:		
Plumbing vents:		
Edge metal type:		
Flashings		
New or reused chimney step flashings?	<input type="checkbox"/> New <input type="checkbox"/> Reused	<input type="checkbox"/> New <input type="checkbox"/> Reused
New or reused saddle flashings?	<input type="checkbox"/> New <input type="checkbox"/> Reused	<input type="checkbox"/> New <input type="checkbox"/> Reused
New or reused counter flashings?	<input type="checkbox"/> New <input type="checkbox"/> Reused	<input type="checkbox"/> New <input type="checkbox"/> Reused
Cut in new reglet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skylights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skylight flashings? List type.		
Wall flashing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wall flashing? List type.		
Subcontracting		
All work will be performed by your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work to be subcontracted, if any? List type.		
Warranties		
Manufacturer's warranty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dollar limit?	\$ _____	\$ _____
Contractor's warranty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dollar limit?	\$ _____	\$ _____
Additional Costs		
Permit needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit cost included in price?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Price \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Price \$ _____
Roof tear-off included in the price?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Price \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Price \$ _____
Disposal of debris included in the price?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Price \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Price \$ _____
Grounds magnet swept included in the price?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Price \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, Price \$ _____
Carpentry hourly rate?	Rate per hour \$ _____	Rate per hour \$ _____
Bid		
Final contract bid	\$ _____	\$ _____