

**ROOFING CONTRACTOR QUALIFICATION STATEMENT
AS SUGGESTED BY THE NATIONAL ROOFING CONTRACTORS ASSOCIATION**

(Note: This document is presented in the format of AIA Document A-305)

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter.

Submitted To: _____

Company: _____

Address: _____

Submitted By: _____

Company: _____

Address: _____

Phone: () _____ **Fax:** () _____

Principal Office: _____

I ABOUT YOUR COMPANY

1.0 What is your form of business organization?
 C-Corporation S-Corporation Partnership Sole Proprietorship

1.1 Please answer the following depending on your company's business organization:

Corporation

Partnership/proprietorship

Date of incorporation: _____

Date of organization: _____

State of incorporation: _____

State(s) of operation: _____

President's name and years of roofing industry experience:

Names and addresses of all partners (state whether general or limited partnership) and years of roofing industry experience:

Vice President's name(s) and years of roofing industry experience:

Secretary's name and years of roofing industry experience:

Treasurer's name and years of roofing industry experience:

1.2 If other than a corporation, sole proprietorship or partnership, describe the type of company and name principals.

1.3 How many years has your company been in business primarily as a roofing contractor? _____

1.4 How many years has your company been in business under its present name? _____

1.5 Under what other or former names has your company operated? _____

1.6 Please list trade association memberships that your company holds, along with the number of years the membership has been held. _____

1.7 List states and categories in which your company is legally qualified to do business. Indicate registration or license numbers, if applicable. List states in which partnership or trade name is filed.

State	Category	Registration/license #	State of partnership/trade name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II ABOUT YOUR WORK

2.1 What kind of roofing work does your company perform? Check all that apply.

<input type="checkbox"/> Built-up	<input type="checkbox"/> Shakes	<input type="checkbox"/> Slate
<input type="checkbox"/> Cold Process	<input type="checkbox"/> Sheet Metal	<input type="checkbox"/> Spray Polyurethane Foam
<input type="checkbox"/> Metal	<input type="checkbox"/> Shingles	<input type="checkbox"/> Tile
<input type="checkbox"/> Modified Bitumen	<input type="checkbox"/> Single-ply	<input type="checkbox"/> Waterproofing
<input type="checkbox"/> Roof Deck		

2.2 Do your company's work crews perform the roofing work? _____yes _____no
If no, please explain. _____

2.3 What is your company policy concerning on-site supervision of work and internal quality control procedures?

2.4 Has your company ever failed to complete work awarded to it? _____yes _____no
If yes, please explain. _____

2.4.1 Within the last five years, has any officer or partner of your company ever been an officer or partner of any other company when it failed to complete a roofing contract? _____yes _____no
If yes, explain when, where and why. _____

2.5 Have you or your company ever filed for bankruptcy? _____yes _____no
If yes, please explain. _____

2.6 What is your company's experience modification rate (EMR) for workers' compensation insurance over the last three years?

EMR - last year: _____	State: _____
EMR - previous year: _____	State: _____
EMR - previous year: _____	State: _____

2.7 Does your company handle projects involving the removal of asbestos-containing roofing materials?
_____yes _____no Installation? _____yes _____no

2.8 Is your company currently involved in litigation? _____yes _____no If yes, please explain.

III ABOUT YOUR REFERENCES

3.0 Please list trade references. _____

3.1 Please list bank references. _____

3.2 Please provide the name of your bonding company, along with the name and address of your agent.

3.3 Please list manufacturers with which your firm has licensed applicator agreements.

IV ABOUT YOUR FINANCES

4.0 Please attach a copy of your company's current balance sheet and other evidence of financial ability.

4.1 Please provide the name of the firm preparing your financial statement and date prepared. _____

4.1.1 Is the financial statement for the identical company named on page one? _____yes _____no If not, please explain the relationship and financial responsibility of the organization (e.g., parent-subsiary).

4.1.2 Will this organization act as a guarantor of the contract for roofing work? _____yes _____no

5.0 Dated in _____ this _____ day of _____ 19 _____

(name of organization)

(by)

(title)

6.0 _____ being duly sworn deposes and says that he/she is the _____ of _____ and that answers to the foregoing questions and all statements therein contained are true and correct.

Subscribed and sworn before me this _____ day of _____ 19 _____

NOTARY PUBLIC: _____ My Commission Expires: _____

