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

Date of incorporation: _______________________________________________________

State of incorporation: _____________________________________________________

President’s name 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.

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<th>State</th>
<th>Category</th>
<th>Registration/license #</th>
<th>State of partnership/trade name</th>
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II ABOUT YOUR WORK

2.1 What kind of roofing work does your company perform? Check all that apply.
- [ ] Built-up
- [ ] Shakes
- [ ] Cold Process
- [ ] Sheet Metal
- [ ] Metal
- [ ] Shingles
- [ ] Modified Bitumen
- [ ] Single-ply
- [ ] Roof Deck
- [ ] Slate
- [ ] Spray Polyurethane Foam
- [ ] Tile
- [ ] Waterproofing

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?

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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-subsidiary).

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: __________________________
ADDITIONAL INFORMATION
(Please duplicate this form as necessary.)

Please provide information about roofing projects that your company has in progress, as follows:

Name of project: ________________________________________________________________
Owner: _____________________________________________________________
Architect (if applicable): ________________________________________________
Contract amount: ________________________________________________________
Percent completed: _______________________________________________________
Scheduled completion date: _______________________________________________

Please provide copies of your certificates of insurance.

Please provide any other information that you would like to include about the roofing experience of key company individuals, including field superintendents.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please provide any other information that you would like to include about your company and your work.

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