



Contractor Experience & Qualification Questionnaire

Contractor's Name: _____

Company Name: _____

Business Name: _____

Work Experience Verification

1. How many years have you been working in the roofing industry? _____

2. List your experience with different roofing materials and techniques (e.g., asphalt shingles, metal roofing, TPO, EPDM, etc.):

3. Confirm experience with hot roofing?

(Experience with heat guns, hot air welding, Torch)

4. Do you have experience as a subcontractor? Yes No
If yes, describe the work you have done.

5. What's the highest height you have worked at? _____

Certification & Training Verification

6. Do you hold any certifications related to roofing work?

7. Have you completed any specialized training in safety or risk management?

8. Do you have formal education or apprenticeships related to roofing or construction? Yes No

Safety & Compliance Verification

9. What safety protocols do you regularly follow on roofing projects?

Examples: Personal Protective equipment (PPE) requirements, fall protection measures, site inspections.

Insurance and Liability Management

10. How do you ensure quality control on your roofing projects to minimize liability risks?

Examples: Regular inspections, quality assurance checklists, subcontractor vetting.

Additional Information

11. Are there any additional qualifications or experiences you would like to highlight that are relevant to managing roofing risks and liability?

Declaration

*I confirm that the information provided is accurate and complete to the best of my knowledge. *

Signature: _____

Date: _____

