

Roofing Restoration Subcontractor Prequalification Questionnaire

Company Information

Company Name

Phone Number

Address

Email

Website

Year Established

Type of Organization

Licensing & Insurance

Contractor License Number

License State(s)

Insurance Carrier

Policy Number

Worker's Compensation

Liability Coverage Amount

Experience & Capabilities

Primary Roofing Systems Installed

Number of Employees

Average Project Size (\$)

Geographical Area of Operation

Years Experience in Roofing Restoration

References

Client Reference 1 (Name & Contact)

Client Reference 2 (Name & Contact)

Client Reference 3 (Name & Contact)

Safety

Do you have a written safety program?

OSHA Recordables (last 3 years)

EMR (Experience Modification Rate)

Additional Information

Comments or Notes

Prepared By

Date