



**ROOFING CONTRACTOR INFORMATION**

**Submitted To:** DFCM Roofing Program Manager  
State Of Utah – Division of Facilities Construction and Management  
State Office Building – 4315 S. 2700 W., 3rd Floor  
Salt Lake City, Utah 84129

**Submitted By:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**1 ABOUT YOUR COMPANY**

1.1 What is your form of business organization?

- C-Corporation    S-Corporation    Partnership    Sole Proprietorship    Limited Liability Company

1.2 Please answer the following depending on your company’s business organization:

**Corporation**

Date of incorporation: \_\_\_\_\_ State of incorporation: \_\_\_\_\_

President’s name: \_\_\_\_\_

Vice President’s name(s): \_\_\_\_\_

Secretary’s name: \_\_\_\_\_

Treasurer’s name: \_\_\_\_\_

**Partnership/proprietorship**

Date of organization: \_\_\_\_\_

Names and addresses of all partners (state whether general or limited partnership) or sole proprietor: \_\_\_\_\_

**Limited Liability Company (LLC)**

Date of organization: \_\_\_\_\_

Names and addresses of all principals: \_\_\_\_\_

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

\_\_\_\_\_

1.4 List categories in which your company is legally qualified to do business in Utah and provide a copy of listed licenses.

Contractor's License #	Exp. Date	Category/ License type
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.5 Please provide the name of your general liability insurance company, along with name, phone number and address of your agent.

Company Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1.6 What is your current coverage limits? \_\_\_\_\_

1.7 Please provide a proof of insurance & coverage limits on general liability insurance & workers compensation insurance.

**2.0 ABOUT YOUR WORK**

2.1 What kind of roofing work does your company perform? Check all that apply & list years of experience. Please explain any "Other" sections checked.

Steep Slope Roofing:  Asphalt Shingles \_\_\_\_\_  Cedar Shakes \_\_\_\_\_  Concrete Tiles \_\_\_\_\_

Metal Panels \_\_\_\_\_  Other \_\_\_\_\_

Low Slope Roofing:  B.U.R. Tar & Gravel \_\_\_\_\_  Modified Bitumen \_\_\_\_\_  EPDM \_\_\_\_\_

PVC \_\_\_\_\_  Hypalon \_\_\_\_\_  TPO \_\_\_\_\_

Sprayed Polyurethane Foam \_\_\_\_\_  Other \_\_\_\_\_

Miscellaneous:  Waterproofing \_\_\_\_\_  Coatings \_\_\_\_\_  Sheet Metal \_\_\_\_\_

Roof Maintenance \_\_\_\_\_  Leak Repairs \_\_\_\_\_  Other \_\_\_\_\_

2.2 Please list all manufacturers & types of roofs your company is certified to do repair work on a manufacturer's warranted roofing system:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.3 Please provide a percentage breakout of what types of roof systems your company did the previous year: \_\_\_\_\_

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2.4 What regions in the State of Utah are you willing to travel for repair / maintenance work? \_\_\_\_\_

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2.5 What roofing systems do you specialize in or feel most comfortable in performing repairs / maintenance on? \_\_\_\_\_

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2.6 Who should we contact for maintenance or leak repairs? \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Division of Facilities Construction and Management****Pre-Qualified Roof Leak Repair Contractor Agreement**

Contractors wishing to be placed on the Pre-qualified Roof Leak Repair Contractors list must agree to the following terms:

1. Hours will be paid at the rate of **\$75.00 per hour**. Travel may be billed at the rate of **\$75.00 per man and \$49 per mile traveled to and from the job site**.
2. Contractor agrees to respond to call within 24-hours unless other arrangements are made with DFCM Roofing Helpdesk.
3. Contractor agrees to contact facility site contact person within 24 hours of the service call unless other arrangements are made. Failure to make contact may result in the contractor being removed from the Pre-qualified Roof Leak Repair Contractors list.
4. Upon arrival, contractor agrees to contact the facility site contact to inform them of their arrival.
5. Contractor agrees to contact DFCM Roofing Helpdesk when repairs have been made and inform them of the cause of the problem(s) and what repairs were made.
6. Contractor agrees to perform repair work in the most efficient and cost-effective manner.
7. At any time the roof leak repair charges will exceed \$1,000.00, the contractor must contact the DFCM Roofing Program Manager for verbal authorization. The facility site contact is not authorized to provide this approval. **If prior authorization is not given, any amount over \$1,000.00 will not be paid. Repairs over \$1,000.00 require before and after pictures submitted with the invoice.**
8. Contractor agrees to maintain liability insurance compliant with the [DFCM General Conditions](#).
9. Contractor agrees to maintain a valid business license.
10. Contractor agrees to maintain a valid contractor license for the discipline in which work will be performed for DFCM.
11. Contractor will provide an accurate accounting of work performed and an itemized materials list. Charges for materials must comply with the [DFCM General Conditions](#) section 7.4.2.5. Any inaccurate information given with the purpose of misleading DFCM will result in removal from the Pre-qualified Roof Leak Repair Contractors list and forfeiture of related repair costs.
12. Contractor will meet the DFCM Roofing Program Manager on-site if contractor is called back for the same problem more than once. Contractor will not charge DFCM to correct their repair work without prior approval from the DFCM Roofing Program Manager.
13. Contractor agrees to perform leak repairs as recommended by the NRCA and in accordance with manufacturer system requirements. Contractors found making repairs that are non-compatible with existing conditions will be removed from the Pre-qualified Roof Leak Repair Contractors list.
14. All invoices will be itemized with the following information:
  - a. The DFCM assigned repair number
  - b. Hours spent on repairs
  - c. Travel time and mileage
  - d. Materials used to make repairs
  - e. Type of existing roofing system
  - f. Description of what caused the leak and what repairs were made
  - g. The contractor's professional opinion on the life expectancy of the roof repaired

**\*Invoices missing this information or repairs made that are not compliant with the terms of this agreement will not be paid\***

Contractor agrees to abide by the above-stated requirements. Contractor understands that it is their responsibility to update/notify DFCM if there are any changes in previously submitted information pertaining to their company, licenses, insurance, or construction practices. Contractor also understands that agreeing to these terms is not a guarantee of work.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_