



**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#: \_\_\_\_\_



## Roof Maintenance and Leak Repair Agreement

Contractors wishing to be placed on a rotation list for roof maintenance and leak repairs must agree to the following terms.

1. Man-hours will be paid at the rate of \$55.00 per man-hour. A minimum of 2 hours will be paid on a service call. Travel time may be billed out at the rate of \$55.00 per man-hour plus \$.40 per mile, **if the job location is over 100 miles roundtrip**. Then the mileage over 100 miles is eligible for mileage reimbursement; i.e. if you travel 248 miles on a repair, then a 148 miles is eligible for mileage reimbursement.
2. Contractor agrees to respond to call within 24-hours unless other arrangements are made with DFCM at time of call. Contractor also agrees to contact DFCM when repairs have been made and inform them of cause of problem and repairs made.
3. Contractor agrees to perform repairs / maintenance in an efficient manner utilizing existing knowledge of conditions to provide a cost effective repair. Contractor will provide an accurate accounting of work performed & associated costs. Any inaccurate information given with the purpose of misleading the agent or DFCM will result in disqualification of future work & forfeiture of related repair costs.
4. Contractor agrees to contact site contact person at time of service call. Failure to make contact at time of service call may result in contractor being removed from rotation list. **Invoice will not be paid if site contact is not made.**
5. At any time roof maintenance work or leak repairs charges will exceed \$500.00, the contractor must contact DFCM for verbal authorization (**not the agency**) to proceed with work. **If prior authorization is not given any amount over \$500.00 will not be paid. Repairs over \$500.00 in cost will require before & after pictures to be submitted with the invoice.**
6. Contractor will meet DFCM on site if contractor is called back for same problem more than once. Contractor will not charge DFCM any additional money to correct the repair work without prior approval of DFCM.
7. Contractor agrees to perform maintenance work and 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 rotation list.
8. All invoices will be itemized with the following information. **Invoices missing the information will not be paid.**
  - a. The DFCM-assigned repair number
  - b. Man-hours spent on repair & travel time if applicable
  - c. Materials used to make repair
  - d. Type of existing roofing system
  - e. Description of what caused the leak and what repairs were made
  - f. The contractor's professional opinion on the life expectancy of the roof repaired

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

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