



COMMERCIAL ROOF QUESTIONNAIRE
 NORTH DAKOTA INSURANCE DEPARTMENT
 State Fire and Tornado Fund
 SFN 52655 (Rev. 1-2006)

Policyholder:		Policy Number:	Item Number:
Contact Person:		Email Address:	
Address: (Street)		City:	State: Zip Code:

GENERAL INFORMATION

1. Type of roof:		Asphalt Shingles Tar & Gravel	Wood Shingle Single Ply	Wood Shake Other: _____	2. Year Built:	
3. Square footage of building:		4. Building Roof Rafters Secured by Hurricane Straps:		5. Building Exterior Walls Secured by Anchor Foundation Bolts:		
		Yes No		Yes No		
6. Construction Class:		1 = Frame 2 = Joisted Masonry		3 = Noncombustible 4 = Masonry Noncombustible		5 = Modified Fire Resistive 6 = Fire Resistive
7. Condition of roof:			8. When roof installed?		9. Length of warranty:	
Excellent Good Poor (In need of repair)			Month: Year:			
10. Name of contractor who installed roof:			Telephone Number:			
Address: (Street)			City:		State:	Zip Code:
11. Distance from trees, signs, etc. to building:		12. Roof inspection program?		13. Snow Removal Program		
		Yes No		Yes No		

ROOF SURFACE

14. Dry or cracked surface?		15. Cracked or loose seams?		16. Blisters or depressions?		17. Broken or missing shingles?	
Yes No		Yes No		Yes No		Yes No	
18. Previous damage from wind or hail?		19. Poor drainage and long-standing water?		20. Bare spots in covering?		21. Construction, repairs, or maintenance debris?	
Yes No		Yes No		Yes No		Yes No	

ROOF DRAINAGE

22. Drains clogged with leaves or debris?		23. Obstructions preventing the flow of water to a drain?		24. Missing or cracked strainers on drains?	
Yes No		Yes No		Yes No	
25. Drains set too high so water cannot drain properly?		26. Water back-up after heavy rainfall?		27. Roof slope adequate for drainage?	
Yes No		Yes No		Yes No	

ROOF FLASHING

28. Loose, separated or missing flashing?		29. Signs of rust or deterioration of flashing?	
Yes No		Yes No	

ROOF MOUNTED EQUIPMENT

30. Improperly secured signs?		31. Unstable chimneys, vent pipes or skylights?		32. Improperly secured antennas/microwave dishes?	
Yes No		Yes No		Yes No	
33. Air conditioning equipment?		34. Other roof mounted equipment?		Describe	
Yes No		Yes No			

ROOF INTERIOR

35. Water stains or discoloration on the underside of decking?		36. Walls, columns, joists not straight/structurally sound?	
Yes No		Yes No	
37. Roof leaks/deteriorating, damp or mildewed decking?		38. Water-stained suspended ceiling panels?	
Yes No		Yes No	

Print name of person/entity completing form:		Telephone Number:	
Signature:		Date:	

If you have questions on completing this form, please contact the State Fire and Tornado Fund at (701) 328-9600 or FAX to (701) 328-9610.
 Return completed form to: State Fire & Tornado Fund
 1701 South 12th Street
 Bismarck, ND 58504