



# CONTRACTOR PROFILE

Please provide the following information to help Union understand your business services and needs. This information is also necessary as a preliminary application to become a Union Authorized Roofing Installer for weathertightness warranted installations.

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

Primary Contact: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

1. First year of business operating under the above name: \_\_\_\_\_.  Union,  Non-union
2. What is the primary market territory in which commercial roofing contracts are pursued?  
\_\_\_\_\_ mile radius (or) \_\_\_\_\_
3. How many full-time employees? \_\_\_\_: office and warehouse: \_\_\_\_\_, on the roof: \_\_\_\_\_
4. What percentage of the company's roofing business is? \_\_\_\_ % residential, \_\_\_\_ % commercial
5. What percentage of residential work is? \_\_\_\_% metal roofing, \_\_\_\_% shingles and other
6. What percentage of commercial work is?  
\_\_\_\_ % Retail, \_\_\_\_ % Industrial, \_\_\_\_ % Government, \_\_\_\_ % Institutional
7. What percentage of commercial work is?  
\_\_\_\_ % Metal, \_\_\_\_ % Single-Ply, \_\_\_\_ % Built-Up, \_\_\_\_ % Modified Bitumen
8. What percentage of metal roofing installations are performed by full-time company labor? \_\_\_\_ %
9. What is the approx. volume of "commercial" metal roofing contracts this past year? \_\_\_\_\_, next year \_\_\_\_\_
10. What is the approx. volume of "residential" metal roofing contracts the past year? \_\_\_\_\_, next year \_\_\_\_\_
11. How does the company acquire metal roofing trim ? \_\_\_\_% fabricated in-house, \_\_\_\_% purchased
12. Who are the company's current metal roofing suppliers? \_\_\_\_\_
13. Does the company have full-time field superintendent employees that have attended training schools by national metal panel roofing manufacturers. If so, whose training school(s):  
Manuf.: \_\_\_\_\_ Manuf.: \_\_\_\_\_  
Manuf.: \_\_\_\_\_ Manuf.: \_\_\_\_\_
14. Please provide any other experience, qualifications, relationships or other information that might be beneficial in understanding your company:  
\_\_\_\_\_  
\_\_\_\_\_
15. Does the company offer products or services other than roofing? \_\_\_\_ yes, \_\_\_\_ no  
If so, please indicate: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_