

Effective date of coverage: _____

MCGOWAN PROGRAM ADMINISTRATORS

Name Insured: _____

Wind & HAIL INSURANCE SUPPLEMENTAL QUESTIONNAIRE

	ess:				
Number of Bu	ıildings:				
Current	Roof style/ construc	tion / materials:			
PEAKED	?High	Med	Low		
Asphalt/Co	omposition Shingle?	%;	chitectural Shingle	?%	
Tile – Cond	crete?%;	Tile-Clay?%;	Vood/Shake Shingle	e?%	
Flat – tar	and gravel?%	Flat membrane?	% If yes, numbe	er of Ply?	
1anufacturer	· (If Known):				
shingles,	are shingles UL 2	218 Rated?	If Yes, what is th	ne UL 2218 Rating?	
a. Date	of FULL roof cover in	nstallation?			
b. Date	of partial roof cover	updates made?			
c. Roof	covering warranty (# of years)?			
d. Date		•	-	g contractor	
. Describe	Name of Contract roof maintenance p	olan currently in place:			
. Current S	iding Construction /	/ Materials:			
	Material:				
Vinyl i̇́	'% L Aluminu	m?%	_%	or other Fiber/Cement? _	%
Solid	Core Vinyl?%] Brick or Masonry Vene	er?% 🔲 Synt	thetic Stucco / EIFS?%	
Other	% Description:				
b.	Date of last full siding	g installation?			
1.	Sescribe Maniferiant	se of mapeedon plan cul	remay in place		
=	past five years, have e following:	buildings sustained pri	or damage due to \	Wind and / or Hail?	If yes, ple
	<u> </u>	AMOUNT C	F DAMAGE (Incl. d	eductible) \$	
raft 1/7/20					



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D.	FULL REPLACEIMENT OF ROOF COVER - was the roof covering removed and completely replaced on each building				
C.	PARTIAL REPLACEMENT OF ROOF COVER – Describe the repairs the each building:	at were made and % c	of repair completed on		
d.	COVER TYPE – Does the roof covering material match that describ roof cover used and warranty:	ed above?	_ If not, please explain the		
e.	OTHER DAMAGE – Approximate cost to repair other damage to be Describe damage and repairs made on each building:	ouilding due to Hail:			
SIGNE	0)	(DATE)			