

## ROOFING CONTRACTORS APPLICATION

PLEASE ANSWER ALL QUESTIONS  
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. **Name of Applicant:** \_\_\_\_\_

2. **Mailing address:** \_\_\_\_\_

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

3. How long has the applicant been in business? \_\_\_\_\_

Describe Applicant's experience in this business: \_\_\_\_\_

\_\_\_\_\_ What courses, seminars, credentials, qualifications do principals and supervisory staff possess:

\_\_\_\_\_ Is the Insured a member of any industry groups or associations? If so, which ones:

\_\_\_\_\_ Has the applicant engaged in a similar business operation under a different name in the past? If so, details:

4. **Total Receipts** (expiring term): \$ \_\_\_\_\_ Estimated receipts (forthcoming term): \$ \_\_\_\_\_

**Roofing Revenue:** Percentage split:

a) Commercial \_\_\_\_\_% Residential \_\_\_\_\_% Industrial \_\_\_\_\_% Institutional \_\_\_\_\_%

b) New Construction \_\_\_\_\_% Re-roofing repairs \_\_\_\_\_% High-Rise Work (over 3 stories) \_\_\_\_\_%

c) Tar & Gravel \_\_\_\_\_% Torch-On \_\_\_\_\_% Other "Hot" Process \_\_\_\_\_% Cold Membrane \_\_\_\_\_%

Shingles/Shakes/Tiles/Metal: \_\_\_\_\_% Sheet metal: Not Involving Welding- \_\_\_\_\_% Including Welding \_\_\_\_\_%

d) Is the Applicant involved in any of the following operations:

Insulation installation/removal: \_\_\_\_\_% Asbestos Abatement: \_\_\_\_\_% Siding/cladding \_\_\_\_\_%

Building membrane application: \_\_\_\_\_% Waterproofing: \_\_\_\_\_% Other: \_\_\_\_\_%

Describe: \_\_\_\_\_

Is any work sub-contracted?  YES  NO If so, what work/% receipts: \_\_\_\_\_

Are all sub-contractors required to provide evidence of insurance adding the Applicant as additional insured?

YES  NO

What minimum liability limit is required? \$ \_\_\_\_\_

What is the average job size: \$ \_\_\_\_\_ Largest job completed: \$ \_\_\_\_\_ No. of jobs per term: \_\_\_\_\_

Who are major/typical customers: \_\_\_\_\_

What is the usual operating territory of the applicant? \_\_\_\_\_

5. Total payroll : \$ \_\_\_\_\_ No. of Employees : \_\_\_\_\_

Are all employees covered under WSIB?  Yes  No

If no, please list numbers by job description and estimated payroll: \_\_\_\_\_

What is the average experience/average length of employment with insured: \_\_\_\_\_ years/ \_\_\_\_\_ years

Is any day labour used? If so, for what roles? \_\_\_\_\_ Is smoking on jobsites permitted?  Yes  No

Please describe instructions, training, seminars that is provided to new employees:

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

6. a) Provide details of all safety precautions take to prevent injuries to workers and pedestrians (at the minimum address height/fall hazards, workplace access/barricades, tarping, on-site management:

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

b) Is waste disposal timely and appropriate? Please describe standards and procedures followed:

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

c) What precautions taken to prevent possible damage due to high winds and/or rain during roofing operations:

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

d) Are automobiles, walls and other property moved or covered to prevent damage? Describe:

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

e) Is all completed work inspected by qualified management and the customer prior to abandoning the job?

Describe quality control steps taken: \_\_\_\_\_

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

Are all roofing systems installed to the manufacturers specifications?  Yes  No If no, please explain:

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

f) Have supervisory personnel taken fire prevention training courses?  Yes  No

7. a) How are open roofs secured after working hours? How often are roofs left open?

b) Does the Applicant utilize infrared heat detectors to ensure no "hot spots" in completed roofs? If yes, please describe operating procedures followed: \_\_\_\_\_

c) Does the Applicant utilize a fire watch after "hot" process roofing? For how long? \_\_\_\_\_

d) Are properly maintained fire extinguishers available at sight? How many are required per kettle/torch/roofing project? What types? Describe what other fire prevention measures are taken.

e) Are all propane tanks, kettles and torches ULC/CSA approved and operated according to SOREMA standards? Properly maintained? (Describe maintenance procedures):

f) Are kettles allowed on roof tops? How many kettles at a typical worksite? Are fire extinguishers assigned to each kettle? Are kettles ever left operating overnight?

g) Any torch-on to wood structures? \_\_\_\_\_% Torch-on direct to sub-stratum? \_\_\_\_\_%  
Over mopped-on base coat? \_\_\_\_\_% Are torch stands always used? \_\_\_\_\_

h) Are propane tanks filled by the Insured?  YES  NO Is propane handled in accordance with CSAO standards for worksites (handling, storage, usage?)  YES  NO

8. Describe any Contractual Agreements where you assume the liability of another party (except lease of premises, easement, or side-track agreements): \_\_\_\_\_

9. Does applicant presently carry insurance?  YES  NO

If yes, who is present insurer? \_\_\_\_\_ Premium: \_\_\_\_\_ Limit \_\_\_\_\_

Is present insurance Claims Made?  YES  NO If Yes, state retro date \_\_\_\_\_

Are they willing to renew?  YES  NO

If no, please explain: \_\_\_\_\_

Does the policy cover all operations of the Insured?  YES  NO

If no, please describe: \_\_\_\_\_

**10. Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  YES  NO

If yes, give details: \_\_\_\_\_

**11. Non-Owned Automobile**

Number of employees using their cars on company business: Regularly \_\_\_\_\_

Occasionally \_\_\_\_\_

Estimated annual cost of hired cars: \$ \_\_\_\_\_

Estimated annual cost of cars operated under contract: \$ \_\_\_\_\_

**12. Accident Prevention and First Aid**

First Aid Post: Doctors: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Nurses: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed:  YES  NO

13. Please indicate limit(s) of liability required: \_\_\_\_\_

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

**I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.**

DATED: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

<b>BROKER NAME:</b>	_____
<b>ADDRESS:</b>	_____ _____ _____
<b>PHONE NO.:</b>	_____
<b>FAX NO.:</b>	_____

Email Form

Print Form