

Construction

Commercial Roofing Contractors Liability Application

Completion of this form does not bind coverage. Applicant's acceptance of the Insurer's Quotation is required before insurance may be bound and policy issued.

1. APPLICANT INFORMATION

Legal Business Name: _____

Address of insured: _____

Names of principals: _____

All other owned/controlled companies to be insured: _____

All other owned/leased locations to be insured: _____

Business website: _____

2. BUSINESS OPERATIONS

Number of years in operation: _____

If in business less than 5 years describe experience of principals: _____

Any management changes in the last 12 months / expected in the next 12 months? If yes, please describe past/planned changes: _____ Yes No

Has the company received a Certificate of Recognition (COR) from the Canadian Federation of Construction Safety Associations? Yes No

Are you a member of your provincial roofing association? Yes No

Full description of business operations: _____

Employee counts

Number of full time: _____ Payroll (\$) _____

Number of part time: _____ Payroll (\$) _____

Revenue

Total revenue for last fiscal period: (\$)

Percentage of revenue by: Commercial _____ % Residential/habitational _____ %

Residential structure means any structure where 30% or more of the square footage area is used, or is intended to be used, for human residency, including but not limited to: single or multifamily housing, apartments, condominiums, townhouses, co-operatives or planned unit developments, and the common areas and related structures (including pools, hot tubs, detached garages, guest houses or any similar structures). Where there is no individual ownership of units, residential structure does not include military housing, college/ university housing or dormitories, long term care facilities, hotels or motels. Residential structure also does not include hospitals or prisons.

Insured operates as: Construction manager _____ % General contractor _____ %

Prime contractor _____ % Subcontractor _____ %

Average job size: (\$) _____

Largest job undertaken: (\$) _____

Forecasted gross revenue for next fiscal period by rate category

	New Roofing Operations (\$)	Re-Roofing Operations (\$)
Hot Built Up / Hot Mop	_____	_____
Hot Air Membrane	_____	_____
Modified Bitumen – Torch Applied	_____	_____
Other Open Flame (describe)	_____	_____
Total Hot Work	_____	_____
Cold Built Up	_____	_____
Modified Bitumen – No Torch	_____	_____
Cold Membrane (PVC, TPO, KEE, EDPM, CSPE) and Metal	_____	_____
Shingles, Shakes, Tile	_____	_____
Cladding	_____	_____
Total Cold Work	_____	_____
Other Work (Specify)	_____	_____
Total Forecasted Revenue	_____	_____

US Revenue? Yes No If yes, percentage of forecasted revenue, _____

From the torch applied revenue declared above, how much of that work occurs on small residential projects? (as defined above, for 4 residential units or less): (\$) : _____

Does the insured operate drones on the jobsite? Yes No

Does insured conduct any cladding work? If yes, number of years experience installing cladding: _____ Yes No

Type of cladding materials used: _____

Has the insured ever engaged in removal/disposal of asbestos? If yes, please provide full details: _____ Yes No

Does the insured install vegetated or green roofing systems? If yes, please provide revenue and experience for each type of system: (\$) _____ Yes No

Does the insured employ architects, engineers, consultants, or other professionals? If yes, number and type employed: _____ Yes No

Provide full description of work carried out by professionals along with revenue generated: _____

Does the insured do any design work? If yes, how much annually (\$): _____ Yes No

Subcontracting

Is work performed for the insured by subcontractors? If yes, describe the types of work and revenues for each: _____ Yes No

Are these amounts included in the total revenue? Yes No

Does the insured enter into written agreements with subcontractors? If yes, is there a hold harmless clause in favour of the insured? Yes No

Does the insured obtain certificates of insurance from subcontractors? If yes, what is the minimum limit of liability: (\$) _____ Yes No

If yes, is the insured added as an additional insured on the certificate? Yes No

Does legal counsel or a licensed insurance broker review all contracts? Yes No

Wrap Ups

Is any of the insured's work covered under a Wrap-Up liability policy? If yes, what is the estimated annual revenue: (\$) _____ Yes No

3. RISK MANAGEMENT & LOSS PREVENTION

Does the insured have a safety program for new employees? Yes No

Is ongoing training provided for all employees? Yes No

Does this include an approved working at heights training program? Yes No

What are the number of lost time injuries over the past 3 years: _____

Does the insured employ a safety director? Yes No

Does your health & safety policy include a drug and alcohol impairment policy? Yes No

Does the insured have a written quality control program? Yes No

Job site

What measures are taken at job sites to prevent fires: _____

On a typical job, how many, and what type, of fire extinguishers are available: _____

Does the insured have any knowledge of any pre-existing act(s), omission(s), event(s), condition(s) or damage to any person or property that may give rise to any future claim(s) or litigation? If yes, please provide full details: _____ Yes No

5. COVERAGE REQUIRED

Commercial General Liability? Yes No If yes, limit required: _____

Umbrella & Excess Liability? Yes No If yes, limit required: _____

6. CURRENT COVERAGE

Coverage	Commercial General	Insurer	Policy Term	Limit	Premium
Liability Umbrella & Excess		_____	_____	_____	_____
Liability		_____	_____	_____	_____

Are any of these current policies written on claims made basis? If yes, list the policies along with retroactive dates: _____ Yes No

Has the insured ever been refused coverage or had coverage cancelled? If yes, please provide details: _____ Yes No

Do these policies cover all the operations of the insured? Yes No

7. ADDITIONAL COVERAGES

Non-owned automobile

Number of employees using their automobiles for company business: Regularly _____ Occasionally _____

Estimated annual cost of automobiles hired or under contract: (\$) _____

Watercraft

Are there any owned or non-owned watercraft used by or on behalf of the insured? If yes, please provide details: _____ Yes No

Aircraft / Airports

Does the insured contemplate any work on airport premises for the coming policy term? If yes, please provide details: _____ Yes No

8. APPLICANT DECLARATION & STATEMENT

WARRANTY STATEMENT

Applicant declares that the information provided in this Application, as well as any supplemental information attached to this Application, is true, accurate and complete, and that no material facts have been omitted. Applicant acknowledges a continuing obligation to report to the Insurance Company to whom this Application is made ("The Insurance Company"), as soon as practicable, any material changes in all such information, after signing the Application and prior to issuance of the policy, and acknowledges that The Insurance Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes. Whereas completion of this Application and signing it does not bind coverage, the Applicant acknowledges and agrees that this Application shall be the basis of the contract if a policy is issued, and that if a policy is issued, The Insurance Company will have relied upon, as representations, the Application and any supplemental information attached to this Application, all of which are incorporated by reference to this Application and made a part hereof. Applicant acknowledges that the misrepresentation or failure to disclose material information in the Application could result in a denial of coverage or the issued policy being voidable or void.

Applicant:

By:

Signature and Title,* as well as Printed Name of Authorized Representative

Date:

*** Application must be signed by the Chief Executive Officer, Principal of the Company, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager**