



ROOFING CONTRACTORS LIABILITY APPLICATION

Business / Applicant Name: _____

Principal(s): _____

Mailing Address: _____

Risk Address: _____

Company Website: _____

Loss Payable: _____

Number of years that principals have been in the roofing trade: _____

5 Year Loss Experience:

Date	Reserve	Paid	Expenses	Status (Open or Closed)
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Name of the Current insurance company on risk: _____

Is renewal being offered by the incumbent carrier? _____ Yes _____ No

If no, explain _____

Current expiry date _____ Expiring Premium \$ _____ Target Premium \$ _____

OPERATIONS

	Commercial	Industrial	Residential
Electric Hot Tile	Receipts \$ _____	\$ _____	\$ _____
Hot Built Up Roofing	Receipts \$ _____	\$ _____	\$ _____
Hot Mop	Receipts \$ _____	\$ _____	\$ _____
Torch on Membrane	Receipts \$ _____	\$ _____	\$ _____
Cold Membrane & EPDM, Cold Build Up Roofing	Receipts \$ _____	\$ _____	\$ _____
Cold Shingle, Shakes, Tile	Receipts \$ _____	\$ _____	\$ _____
Metal Cladding	Receipts \$ _____	\$ _____	\$ _____
Other (specify) _____	Receipts \$ _____	\$ _____	\$ _____
	Totals \$ _____	\$ _____	\$ _____

Describe Electric Hot Air Process _____

Percentage Split _____ % New Construction _____ % Re-Roofing & Repairs

Is the applicant ever engaged in the removal & disposal of asbestos (in any form)? _____ Yes _____ No

If yes, please explain: _____

Any other off premises work (e.g. sheet metal) please describe _____

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

Does the applicant provide ongoing training for all employees? _____ Yes _____ No

Describe fully the measures taken to prevent fire at job sites (including number and type of fire extinguishers): _____

Are all employees covered by worker's compensation? _____ Yes _____ No

If no, indicate the number of employees not covered and the positions involved: _____

Are portable smoke detectors used? _____ Yes _____ No

Are spray-on fire retardants used? _____ Yes _____ No

Is smoking prohibited on the roof? _____ Yes _____ No

Is a supervisor on site during all operations involving hot stuff or torches? _____ Yes _____ No

Describe fully the measures taken to prevent water damage (from rain and other sources) arising from the job site(including details of how roof areas are covered during repair & reproofing work) _____

Please provide details of propane tank storage, maintenance & safe handling _____

Are only properly trained personnel engaged in the handling & operation of propane tanks? _____
Yes _____ No _____ g

Is each propane tank equipped with approved, operational safety valves? _____ Yes _____ No

Does the applicant take precautions to properly store equipment and hazardous materials at job sites after working hours? _____ Yes _____ No If yes, provide safety and security details _____

Are torch system manufacturers' recommendations followed? _____ Yes _____ No

Are roofing material manufacturers' recommendations followed? _____ Yes _____ No

Are hot trowels used instead of torches for finish work around details? _____ Yes _____ No

Are torch stands used? _____ Yes _____ No

Is each torch equipped with a functioning ULC listed regulator? _____ Yes _____ No

Is all equipment fitted with operating pressure gauges? _____ Yes _____ No

Are hot air welders or electric heat seaming devices used? _____ Yes _____ No

Does the applicant ensure that all work is inspected at the end of each day and on completion of job? _____
Yes _____ No

Is the applicant a member in good standing of The Provincial Roofing Contractors Association? _____
Yes _____ No

After following the completion of torching, is there someone assigned to perform a 60 Minute Fire Watch? _____ Yes _____ No

When torching is performed after dark, are floodlights used? _____ Yes _____ No

Any operations conducted at other owned or leased premises? _____ Yes _____ No

Any installation or repairs performed away from premises? _____ Yes _____ No

If yes, describe _____

Territorial range of operations _____

Describe the average size of job undertaken by the Applicant _____

Describe the largest job undertaken by the Applicant _____

Employees # _____ Full time _____ # Part time _____ # Clerical _____ Payroll \$ _____

Are all employees covered under WSIB? _____ Yes _____ No

If no, provide details (split between different types of occupation /number of employees/payroll) _____

Subcontractors Work Sublet? _____ Yes _____ No If "yes", estimated receipts \$ _____

Describe work performed for Applicant by sub-contractors _____

Is a formal contractual agreement entered into with sub-contractors? _____ Yes _____ No

If Yes, is a hold harmless in your favor? _____ Yes _____ No

Is any work covered under Wrap? _____ Yes _____ No If "yes", estimated receipts \$ _____

Are "Certificates of Insurance" obtained from all subcontractors? _____ Yes _____ No

Non-Owned Automobile:

Number of employees using their automobile on company business

_____ Regularly _____ Occasionally

Estimated annual cost of hired automobiles \$ _____

Estimated annual cost of automobiles operated under contract \$ _____

Please provide additional details

Watercraft - Is there any owned or non-owned watercraft exposure or ownership, maintenance, use or

operation of any watercraft by or on behalf of the Applicant? _____ Yes _____ No

If yes, please describe _____

Aircraft – Does the Insured do any work on airport Premises? _____ Yes _____ No

Is there any aircraft exposure by way of ownership, maintenance, use or operation of any aircraft by or

on behalf of the Applicant? _____ Yes _____ No

Professionals - Are there any Architects, Engineers, Consultants or similar professionals on staff?

_____ Yes _____ No

If yes, please describe _____

If consultants involved in connection with Applicant's operations, please identify their type of work _____

Does the Insured do any design work? _____ Yes _____ No

Describe the qualifications of any staff doing design work _____

Is Errors & Omissions cover carried by any designers/consultants? _____ Yes _____ No

LIMIT OF LIABILITY REQUIRED:

\$ _____ Each Occurrence & Aggregate Products/Completed Operations

DEDUCTIBLE REQUIRED:

_____ \$1,000 _____ \$2,500 _____ \$5,000 _____ \$10,000

ADDITIONAL COVERAGE'S DESIRED

Tenants' Legal Liability Limit: \$ _____

SEF #94 \$ _____

Other Coverage's - please specify

This application and any supplements attached hereto do 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 by TCB Underwriters Ltd.

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 MY APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: _____

Dated: _____

Print full Name and Title / Position: _____

BROKER NAME: _____

BROKERAGE NAME: _____