

**COMPLETION OF THIS QUESTIONNAIRE IS NOT BINDING ON THE APPLICANT OR THE INSURER**

APPLICANT						
1.	Applicant is	Corporation:	Partnership:	Joint Venture:	Individual:	Other:
2.	Business Name:					
	Additional Companies, subsidiaries, partners, joint ventures to be insured (including relationship to principal Business)					
	Co. A:					
	Co. B:					
	Co. C:					
3.	Address of Applicant					
	Address Number:		Street			
	City:		Province:	Postal Code:		
4.	Principal(s)					
	Principal Name	Title	Phone	Email		
5.	Additional owned or leased locations including operations at each location:					
	Location Address		Operation & Occupancy			
	1.					
	2.					
	3.					
BUSINESS OPERATIONS						
6.	Number of years in operation					
	If in operation 3 years or less, please describe work experience of principals:					
7.	Website address					
8.	Describe all business operations for each company named in Q2 above:					
	Co. A:					
	Co. B:					
	Co. C:					
9.	No. of employees	Full-time:	Part-time:	Annual Payroll: \$		



**ROOFING CONTRACTORS’  
LIABILITY APPLICATION**  
NEW APPLICANT

10.	Gross revenue based on last fiscal year	\$
	Fiscal Year End (DD/MM)	DD/MM
11.	Approximate percentage of Gross Revenue (reported in Q10 above) covered by Wrap Up Liability Insurance?	%
	Do you obtain copies of the wrap up policies from Owners/General Contractors?	YES:      NO:
12.	Percentage Work Split of most recent fiscal gross revenue:	% Industrial
		% Commercial
		% Institutional
		% Residential
13.	How much of your gross revenue is generated from	
	a. Building owners?	%
	b. Home builders/developers?	%
	1) Percentage of this as subdivisions?	%
	2) Percentage of this as Condominiums?	%
	c. General contractors?	%
	d. Roofing Contractors?	%
	1) Percentage being torch applied roofing?	%
	2) Is Roofing Contractor for whom you are working in direct supervision of your torch work on the job site <b>at all times</b> ?	YES:      NO:
14.	Work you subcontract to others	
	a. Type of work subcontracted (describe):	
	b. Annual Cost (include in Q15 gross revenue):	\$
	c. Do you collect certificates of insurance from sub-contractors before they start work?	YES:      NO:
	1) If yes, what minimum limit of liability do you require:	\$
	2) Is your company added as additional insured on the certificate?	YES:      NO:



**DECLARATION OF ESTIMATED WORKS FOR NEXT TWELVE MONTHS**

		NEW GROSS REVENUE (\$)	RE-ROOF GROSS REVENUE (\$)	EQUIVALENT SQUARE FEET IF AVAILABLE
15.	<b>ROOFING SYSTEMS</b>			
	a. Hot Built-up roofing/ Hot Asphalt Kettle			
	b. Torch Applied Modified Bitumen			
	c. Other Open Flame			
	Describe Other Open Flame Work:			
	d. Flameless Built-Up roofing			
	e. Flameless Modified Bitumen			
	f. Flameless EPDM, TPO, PVC, Metal, or all other Roofing applications except Shakes/Shingles /Tiles/Slate			
	g. Shakes/Shingles/Tiles/Slate			
	<b>WORK TYPE – OTHER</b>			
	h. Building Cladding Systems (NOTE: this does not include metal flashing forming part of a roofing project)			
	i. Other Work			
	Describe Other Work:			
	<b>GREEN ROOFING</b>			
	j. Vegetated Roofing			
k. Photovoltaic				
l. White/Reflective				
m. Other				
Describe Other Green:				
<b>TOTAL ABOVE</b>				ft <sup>2</sup>
16.	Out of the torching revenue shown above, how much is residential (with 4 or fewer residential units)?			%
				\$



**PRODUCTS LIABILITY**

17.	Do you manufacture, sell, handle, or distribute any products other than roofing products? a. If YES, please give details:	YES:	NO:
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**RISK MANAGEMENT & LOSS PREVENTION**

18.	Does your company have a safety programme including orientation & training for new employees?	YES:	NO:
19.	Does your company provide ongoing training for all employees?	YES:	NO:
20.	Describe fire prevention measures taken to prevent fires at job sites including number and type of fire extinguishers:		
21.	What precautions are taken to prevent fire when working around penetrations, curbs, flashings and perimeters if torching these areas?		
22.	Are hand-held thermal scanners used to assist in detecting hot spots?	YES:	NO:
23.	Are spray on fire retardants used?	YES:	NO:
24.	Do you prohibit smoking on jobsites?	YES:	NO:
25.	Describe all measures taken to prevent water damage (e.g., including hoarding, sump pumps, mobile weather applications, no roofing if 30% or greater chance of rain, etc.):		
26.	Provide details of propane tank storage, maintenance, and safe handling:		
27.	Are only properly trained personnel engaged in handling & operation of propane tanks?	YES:	NO:
28.	Describe precautions to store equipment & hazardous materials at jobsites after working hours:		
29.	Have you had any management changes within the last 12 months?	YES:	NO:
	Any management changes planned for the next 12 months?	YES:	NO:
	If yes, please explain:		



30.	Is your company COR certified? (ASP in Quebec)	YES:	NO:
31.	Is your company a member of a <b>CRCA provincial</b> chapter association?	YES:	NO:
32.	Are torch system manufacturers’ recommendations followed?	YES:	NO:
33.	Is all <b>hot work</b> , supervised?	YES:	NO:
34.	Do only trained personnel use torches?	YES:	NO:
35.	Are hot trowels used to finish work details?	YES:	NO:
36.	Are torch stands used?	YES:	NO:
37.	Are you torching over wooden decks?	YES:	NO:
	a. If so, do you use torch-resistant baseboards and other standard means and methods to ensure the wooden deck is completely covered?	YES:	NO:
38.	Is each torch equipped with a ULC listed regulator?	YES:	NO:
39.	Is all pressure equipment fitted with operating pressure gauges?	YES:	NO:
40.	Are hot air welders or electric heat seaming devices used (such as Leister welders)?	YES:	NO:
41.	Does your health & safety policy include an impairment policy related to recreational or prescription drugs and alcohol?	YES:	NO:
42.	If operations include Building Cladding Systems please complete the following:		
	a. How many years have you been performing cladding operations? (Total)	Yrs:	Mos:
	b. Do your Employees have training in performing cladding operations?	YES:	NO:
	c. Average project size?		
	1) Value	\$	
	2) Number of storeys	#	
	d. What is your estimated revenue split between residential and industrial/commercial/institutional (ICI) for cladding projects?	Res: %	ICI: %
	e. Largest cladding project completed in the past 10 years?		
	1) Year completed		
	2) Value	\$	
	3) Number of storeys	#	
	f. Type of cladding Materials/components generally used:	Metal	
		Brick	
		Vinyl	
		Wood	
		Composite	
		Other	
	If Other, please specify:		
	g. Are all cladding materials and components compliant with CAN/ULC S134-13 Standard method of Fire Test of Exterior Wall Assemblies?	YES:	NO:



**CLAIMS EXPERIENCE**

43. List all third-party liability claims/actions made against you within the last ten (10) years, whether paid by your insurer or not (one line per claim). Please attach up-to-date claims histories provided from prior insurers.

DESCRIPTION	DATE (dd/mm/yyyy)	DEDUCTIBLE (\$)	CLAIM OPEN OR CLOSED	AMOUNT PAID (\$)	RESERVED (\$)
			O: C:		
			O: C:		
			O: C:		
			O: C:		
			O: C:		

44. Are you aware of any new incidents, conditions, or circumstances which may result or have resulted in a claim against you under your present or a prior commercial general liability policy(ies)? YES: NO:

If YES, please give details:

45. Are you presently involved or named in any class action, multi-claimant, or multi-district litigation lawsuit? YES: NO:

If YES, please give details:

46. Have you ever been involved or named in any claim or suit related to the existence of mold, mildew, fungus or asbestos? YES: NO:

If YES, please give details:

**COVERAGE REQUIREMENTS**

47. Commercial General Liability: YES: NO:

Limit of Insurance: \$

Commercial General Liability Deductible: \$

48. Umbrella and/or Excess Liability: YES: NO:

a. Limit of Insurance: \$

b. Underlying Automobile Liability Limit of Insurance (if excess automobile liability insurance is required): \$

*(Note: If excess automobile liability is required attach fleet list, 5 years’ automobile liability claims history and details of underlying insurer, policy number and term).*

CURRENT POLICIES					
	COVERAGE HISTORY	INSURER	POLICY TERM (dd-Mmm-yyyy)	LIMIT OF LIABILITY	EXPIRING PREMIUM
49.	<b>General Liability</b> (Current Term):		From:	\$	\$
			To:		
50.	<b>Umbrella &amp;/or Excess Liability</b> (Current Term)		From	\$	\$
			To		
51.	Has any insurer ever refused to renew or cancelled any insurance? If YES, provide details as to why:				YES:    NO:

*NOTE: Roofing Contractor Addendum follows on page 8*

## STATEMENTS/DECLARATIONS

By signing this application, the undersigned is attesting to the accuracy of the information provided herein as well as any attachments with correspondence accompanying the form. If any information provided by the applicant in this application is found to be false or misleading and would alter the underwriters’ decision to provide the insurance coverage applied for, it is agreed between the underwriters and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

The undersigned acknowledges that any personal information contained in this application has been collected in accordance with all applicable privacy legislation.

The undersigned confirms that it has obtained the necessary consents to the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, investigating, and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

I have read and accept the Statements/Declarations hereon:

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

Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**Attached to and forming Part of Roofing Contractors Liability Application Version 202111**

1.	Do you collect fees for the following <b>roofing</b> operations?		
	a. Consulting incl. design, plans, drawings, specifications If yes, how much annually?	YES:	NO:
		\$	
	b. Surveys or inspections If YES, how much annually?	YES:	NO:
		\$	
	c. Expert witness such as for property insurers If YES, how much annually?	YES:	NO:
		\$	
	d. Do you sign any design-assist contracts or contracts that require you to acknowledge that as a roofing contractor you are a professional in your field and accountable for roofing system design/ appropriateness to the application?	YES:	NO:
	e. Do you execute CCDC 14 Design Build Contracts?	YES:	NO:
	f. Do you contract directly with Owners for roofing system applications where there is no consultant involved?	YES:	NO:
2.	Do you have any employees that have degrees in engineering or architecture or engineering and/or architectural technology?	YES:	NO:
	If YES, please provide details of their role in your company:		
3.	Are you aware of any incidents involving professional services provided by you under this Addendum, which might give rise to a claim against your Company or sub-consultants working on your behalf?	YES:	NO:
	If YES, please provide details:		