



Contact Information:
<http://tcim.ca/our-people/>

Roofer's Application

Please complete all questions fully. For questions that do not apply please indicate N/A, do not leave any questions blank.
Note: If space is insufficient for answers, please attach a separate sheet.

Broker Name: _____ Contact Person: _____

Email Address: _____ Telephone: _____ Fax: _____

Website: _____

APPLICANT INFORMATION

Applicant (Include all Subsidiaries): _____

Address of Applicant: _____

Number of Years in Business: _____ Years of Experience of Principal: _____

Have any of the principals ever engaged in this or similar enterprises under a different name? Yes _____ No _____

If yes, please provide details: _____

Area of Operation: _____

Please advise the current number of employees: _____

Please advise last year's employee turnover: _____ The last 3 years: _____

REVENUE INFORMATION

Revenue History:

Total Receipts

Estimated (Next 12 Months): _____

Past 12 months: _____

1st Previous Year: _____

2nd Previous Year: _____

Annual Roofing Revenue Splits:

- a)
 - i. New Construction: _____ %
 - ii. Re-Roofing / Repairs / Retrofitting: _____ %

- b)
- i. Commercial: _____ %
 - ii. Industrial: _____ %
 - iii. Institutional: _____ %
 - iv. Residential: _____ %

- c)
- i. Hot Built Up Roofing: _____ %
 - ii. Cold Built Up Roofing: _____ %
 - iii. Hot Mop / Torch on Membrane: _____ %
 - iv. Cold Membrane & EPDM: _____ %
 - v. Shakes / Shingles / Tiles / Metal Cladding: _____ %
 - vi. Other (Please describe): _____

Amount of Work Derived from Maintenance Contracts: _____

List the 5 largest jobs the insured has taken on in the last 3 years (include the name of the client and the project price):

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

PRESENT INSURANCE COVERAGE INFORMATION

Does the applicant presently have an insurance policy? Yes _____ No _____

If no, please explain: _____

Current Carrier: _____

Expiry Date: _____ Expiring Premium: _____ Policy #: _____

Is the current carrier willing to renew? Yes _____ No _____

If no, please explain: _____

Has the applicant been declined, canceled, or had a renewal of any kind refused in the past 5 years? Yes _____ No _____

If yes, please explain: _____

SAFETY INFORMATION

Do the insured's operations involve the removal and / or transportation of asbestos? Yes _____ No _____

If yes, please provide details: _____

Does the insured have a safety training program in place for new employees? Yes _____ No _____

If yes, please provide details: _____

Does the insured have an ongoing safety training program for all employees? Yes _____ No _____

If yes, please provide details: _____

Describe fully the measures taken to prevent water damage, from rain and other sources, at the job site (include details of how roof areas are covered during repair and re-roofing work):

Describe fully the measures taken to prevent fire damage at the job site (including the number of personnel on site, fire extinguisher protocols and the minimum length of fire watch):

SUBCONTRACTING INFORMATION

Is work subbed out to subcontractors? Yes _____ No _____

If yes, what type of work is subbed out and what is the amount paid annually? _____

Are certificates of insurance required from all subcontractors? Yes _____ No _____

If yes, what limits are required? _____

CLAIMS INFORMATION

Describe all losses, claims or suits brought against you in the past 5 years:

Date of Loss	Description	Amount of Loss	Open / Closed	Paid / Reserved
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Are you aware of any other incidents, facts, circumstances or allegations not yet reported to the insurer which may result in claims against you? Yes _____ No _____

If yes, please explain: _____

What action has been taken to eliminate future accidents? _____

COVERAGES REQUIRED

CGL Limit Required: _____ Deductible: _____

Non Owned Automobile Limit Required: _____

SEF 94 – Legal Liability to Hired Automobile: _____

Tenant's Legal Liability Required: _____

Other Extensions:

THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THIS APPLICATION AND THE INFORMATION IN DOCUMENTS SUBMITTED WITH IT ARE TRUE. SIGNING OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE APPLICATION SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.

APPLICANT'S SIGNATURE: _____ DATE: _____

TITLE: _____

BROKER: _____