



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? Yes No

If yes, please describe past/planned changes:

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? Yes No

If yes, number of years experience installing cladding: _____

Type of cladding materials used: _____

Has the insured ever engaged in removal/disposal of asbestos? Yes No

If yes, please provide full details: _____

Does the insured install vegetated or green roofing systems? Yes No

If yes, please provide revenue and experience for each type of system: (\$) _____

Does the insured employ architects, engineers, consultants, or other professionals? Yes No

If yes, number and type employed: _____

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

Does the insured do any design work? Yes No

If yes, how much annually (\$): _____

Subcontracting

Is work performed for the insured by subcontractors? Yes No

If yes, describe the types of work and revenues for each: _____

Are these amounts included in the total revenue? Yes No

Does the insured enter into written agreements with subcontractors? Yes No

If yes, is there a hold harmless clause in favour of the insured? Yes No

Does the insured obtain certificates of insurance from subcontractors? Yes No

If yes, what is the minimum limit of liability: (\$) _____

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? Yes No

If yes, what is the estimated annual revenue: (\$) _____

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: _____

Are spray on fire retardants used? Yes No

Is smoking prohibited on the jobsite? Yes No

Describe the measures taken to prevent water damage from rain and other sources, including protection during repair and re-roofing work:

Provide details of propane tank training, storage, maintenance, safe handling practices:

Provide details of the storage of all equipment at the job site after hours:

Is all work at the job site inspected at the end of each day? Yes No

Hot work

Are torch system manufacturers recommendations followed? Yes No

Are portable smoke/heat detectors/ thermal scanners used? Yes No

Is all hot work performed by skilled personnel trained in proper installation/safety methods? Yes No

Is there a supervisor on roof during hot/torch work? Yes No

Are hot trowels used around flashings and other finishing work? Yes No

Are torch stands used? Yes No

Is there torching on wooden decks?
 If yes, do you use torch base boards to protect the existing structure: Yes No

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

Is all pressure equipment fitted with pressure gauges? Yes No

Describe precautions taken to prevent fire when working around penetrations, parapets, perimeters, flashings:

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

4. CLAIMS HISTORY

List all third party claims/actions incurred over the past 10 years and provide claims reports from insurers on risk during the period.

Date of Occurrence	Description of Occurrence	Amounts			Status (Open/Closed)
		Reserves	Paid	Expenses	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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? Yes No
 If yes, please provide full details: _____

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

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

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

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? Yes No
 If yes, please provide details: _____

Aircraft / Airports

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

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 CNA Company to whom this Application is made ("CNA"), 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 CNA 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, CNA 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**