

TOTTEN GROUP

I N S U R A N C E

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ROOFING CONTRACTORS APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Applicant is: Individual Partnership Corporation Joint Venture Other (Specify) _____

1. Business Name _____
 Principal(s) _____
 Subsidiaries, Partners and Joint Ventures _____

2. Mailing address _____
 Website Address _____

3. Number of years in operation _____ Number of years experience _____
 If new operation/company describe work experience of the principals _____

4. Claims History – Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence and Injury or Damage	AMOUNT				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? Yes No

If yes, please give details _____

5. Does applicant presently carry insurance? Yes No

If yes, who is present insurer? _____ Premium _____ Limit _____

Current expiry date? _____ Expiring Premium _____ Renewal Premium _____

Is present insurance Claims Made? Yes No If Yes, state retro date _____

Are they willing to renew? Yes No If no, please explain _____

Does the policy cover all operations of the Insured? Yes No

If no, please describe _____



LIABILITY INFORMATION

6. Operations

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

Canada _____ % United States _____ % (indicate NIL if applicable) _____

7. Describe Hot Air Membrane Process _____

8. Percentage Split New Construction _____ Re-Roofing & Repairs _____

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

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

If yes, please provide full details: _____

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

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

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

14. Are portable smoke detectors used? Yes No

15. Are spray-on fire retardants used? Yes No

16. Is smoking prohibited on the roof? Yes No

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

18. 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) _____

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

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

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

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



- 23. Are torch system manufacturers' recommendations followed? Yes No
- 24. Are roofing material manufacturers' recommendations followed? Yes No
- 25. Are hot trowels used instead of torches for finish work around details? Yes No
- 26. Are torch stands used? Yes No
- 27. Is each torch equipped with a functioning ULC listed regulator? Yes No
- 28. Is all equipment fitted with operating pressure gauges? Yes No
- 29. Are hot air welders or electric heat seaming devices used? Yes No
- 30. Does the applicant ensure that all work is inspected at the end of each day and on completion of job? Yes No
- 31. Is the applicant a member in good standing of The Provincial Roofing Contractors Association? Yes No
- 32. If you conduct operations in British Columbia, have you worked or will you work on schools? Yes No

33. Does the Insured engage in any of the following operations:
- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Caisson | <input type="checkbox"/> Excavation | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Tunneling |
| <input type="checkbox"/> Cranes, use of | <input type="checkbox"/> Explosives/blasting | <input type="checkbox"/> Raising or moving | <input type="checkbox"/> Underpinning |
| <input type="checkbox"/> Demolition or wrecking | <input type="checkbox"/> Pile driving | <input type="checkbox"/> Shoring | <input type="checkbox"/> Welding or cutting |
| <input type="checkbox"/> Other _____ | | | |

- 34. Any operations conducted at other owned or leased premises? Yes No
- 35. Any installation or repairs performed away from premises? If yes, describe _____ Yes No

36. Territorial range of operations _____

Describe the average size of job undertaken by the Applicant _____

Describe the largest job undertaken by the Applicant _____

37. Confirm all operations are carried out in conformity with Standard Industry Practice _____

38. **Employees** # Full time _____ # Part time _____ # Clerical _____ Payroll _____

39. Are all employees covered under WSIB? Yes No
If no, provide details split between different types of occupation /number of employees/payroll _____

40. **Subcontractors** Work Sublet? Yes No If "yes", estimated receipts _____

41. Describe work performed for Applicant by sub-contractors _____

42. Is a formal contractual agreement entered into with sub-contractors? Yes No
If Yes, is a hold harmless in your favour? (If Yes, submit a copy of the usual contract form, if possible) Yes No

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

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

45. **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 details _____



46. **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 _____
47. **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
48. **Professionals** - Are there any Architects, Engineers, Consultants or similar professionals on staff? Yes No
If yes, please describe _____
49. 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
If yes, list and state purpose
- | Name | In Connection With |
|-------|--------------------|
| _____ | _____ |
| _____ | _____ |
50. Is an Umbrella or Excess Policy required? Yes No
If an Excess policy is required, please state the total limits required _____
If an Umbrella policy is required, please complete an Umbrella application.
51. Brochures Attached To Follow
52. Current Limit _____ Occurrence Form Claims Made Form
53. Current Deductible _____ PD BI & PD PD (Per Claimant) BI & PD (Per Claimant)

BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

- Is this account NEW to your office? Yes No Is the operation financially sound? Yes No
If no, how long have you known the applicant? _____ Do you recommend this applicant in every respect? Yes No
Other Markets approached _____

Please provide any additional information pertinent to the underwriting or acceptance of this risk which has not been requested in the application above.

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

(Signature of Insured)

(Position in Organization)

(Date)

(Signature of Broker)

(Date)

Complete Name and Address of Insurance Brokerage

Broker Email Address: _____