

SECTION 1: GENERAL INFORMATION

1. Name of Applicant: _____
2. Principal: _____
3. Mailing Address of Applicant: _____
4. Risk Location (Legal Address): _____
5. Business Phone: _____ Residence Phone: _____ Cell Phone: _____
6. Email: _____ Fax: _____
7. Lost Payee & Address: _____
8. Additional Insured(s) & Address: _____

SECTION 2: UNDERWRITING INFORMATION

1. Years of Experience: _____ Length of Time in Business: _____
2. Actual Receipts (Expiring Term): _____
3. Estimated Receipts (Coming Term): _____
 Breakdown of Receipts above:
 - Hot Build-up Roofing: _____
 - Hot Mop: _____
 - Torch-on Membrane: _____
 - Cold Membrane EPDM: _____
 - Shakes, Shingles, Tiles, Metal Cladding: _____
 - Other (Please specify below): _____
4. Percentage of Work Done: Residential (in %): _____ Commercial (in %): _____
5. Please describe the process used in roofing (including what materials are used):

6. Is heat applied to perform work? (i.e. open flame, propane torch, electric, etc.)? Yes No
 If yes, please provide details: _____
7. Are drop cloths or other types of protection used? Yes No
 If yes, please provide details: _____
 Does the Applicant provide fire extinguishers (if heat applied) at job sites and are any emergency clean-up materials kept on-site? Yes No
 If yes, please provide details: _____

8. Is work sublet by the Applicant to independent contractors? Yes No

If **yes**, what percentage of the work is sublet? _____

Please describe the type of work that is sublet (details):

Does the Applicant request proof of liability insurance from these sub-contractors? Yes No

9. Does the Applicant have a safety manual and procedures? Yes No
10. Please describe training and qualifications of staff:

11. Are any new materials or processes contemplated this year? Yes No

If **yes**, please provide details:

12. Have any materials or processes been discontinued in the past three years? Yes No

If **yes**, please provide details:

SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: _____ Policy # _____
 Expiring Premium: _____ Expiry Date: _____

2. Is the above Insurer offering renewal? Yes No

If **yes**, renewing premium: _____

If **no**, please advise why not:

3. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):

4. Effective Date: _____



SECTION 4: COVERAGES

Property: Broad Form Named Perils Form Fire Only Form
 Earthquake Flood Sewer Back-up
 Replacement Cost (Except "Stock") Actual Cash Value

Coverage	Amount
1. Property:	
Building	
Equipment	
Stock	
Tenant Improvements & Betterments	
Customers Goods	
Business Interruption	
<input type="checkbox"/> Gross Earnings, Co-Insurance _____ %	
<input type="checkbox"/> Profits Form	
<input type="checkbox"/> Actual Loss Sustained	
Extra Expenses	
EDP (Electronic Data Processing Form)	
Tool Floater (Please provide a complete list with individual values)	
Contractors Equipment Floater (Please provide a complete list with individual values)	
2. Equipment Breakdown:	
3. Crime:	
Inside/Outside Robbery	
Money (Broad Form)	
Burglary Damage to Building	
Comprehensive Dishonesty, Disappearance and Destruction	
4. Liability:	
Commercial General Liability	
Tenants Legal Liability	
Non-Owned Automobile	
5. Other Coverages Required (Not Listed Above):	

SECTION 5: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:

SECTION 6: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)

Title/Position

Signature of Applicant

Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION

Agent Name: _____ Brokerage Name: _____
 Email: _____ Address: _____
 Phone: _____ City / Province: _____
 Fax: _____ Postal Code: _____

