Chesterfield Canada, Inc.
Wholesale Insurance Brokers

ROOFING CONTRACTORS APPLICATION

BROKER **DATE:**

Limit of Liability Required

1. Business Name(s) of applicant

   Principals' Name(s)

2. Address

3. (A) Number of years in business _____

   (B) Number of years that principals have been in the Roofing Trade _____

4. Has the applicant ever engaged in similar business operations under different names?
   If yes, provide details

5. (A) Provide a summary of business operations

   (B) Annual gross revenue from

   (i) Roofing _____

   (ii) Other – specify _____

   (C) Percentage split (gross revenue)

   (i) Commercial _____% Residential _____% Industrial _____%

   (ii) New Construction _____% re-roofing and repairs _____%

   (D) Gross revenue percentage split

   (i) hot ("tar and gravel") excl. torch on _____%
   (ii) torch on _____%
   (iii) cold membranes _____%
   (iv) shakes/shingles/tiles/metal cladding _____%
   (v) other – please specify _____%

6. Number of employees _____ Annual payroll _____

7. (A) Amount and type of work sublet

   (B) Amount of torch-on work sublet

   (C) Are sub-contractors required to furnish proof of their own liability insurance? _____

   Minimum limit required? _____

Phone: 613-237-3939 Wats Line: 1-866-268-7334 Fax: 613-233-4334 Toll Free Fax: 1-866-270-4699
inquiries@chesterfieldcanada.com www.chesterfieldcanada.com
509 Bronson Avenue, Ottawa, ON. K1R 6J8

8. Are all employees covered by worker's compensation? YES _____ NO _____

9. Has any Insurer declined, cancelled or refused to renew the client's liability insurance in the past five years?
YES _____ NO _____

If yes, provide details

10. Claim, incident or loss experience

(A) In the past five years, have any claims been paid or are any claims outstanding whether insured or not? ?
YES _____ NO _____

(B) Please provide claims experience in the past five (5) years whether losses were insured or not:

Date of Loss	Description	Amount Paid	Reserve

11. (A) Does the applicant have a safety-training program for new employees?

(B) Does the applicant provide ongoing education & training for all employees?

(C) Does the applicant employ a safety superintendent?

12. (A) Describe fully the measures taken to prevent fires at job sites (including number & type of fire extinguishers)

(B) Are portable fire extinguishers used?

(C) Are spray-on fire retardants used?

(D) Is smoking prohibited on the roof?

(E) Is a supervisor on the roof during <u>all</u> operations involving hot materials or torches?

(F) Does Insured have at least one employee remain on site during the cooling off period (at least 60 minutes after the completion or suspension of the installation involving hot materials or torches)?

13. 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 & re-roofing work)

14. Provide details of other safety precautions to prevent injuries to workers & pedestrians and damage to property.

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15. (A) Please provide details of propane tank storage, maintenance and safety handling.

    (B) Are only properly trained personnel engaged in the handling & operation of propane tanks?

16. Is each propane tank equipped with approved, operational safety valves?

17. Are tanks ever left connected to keep tar kettles operating after working hours?

    If yes, provide safety and security details.

18. The use of torches is a major source of roofing claims

    (i) Are roofing material manufacturers' recommendations followed?

    (ii) On a percentage basis, how much torch work is done:

    (a) directly to the sub-stratum

    (b) onto a mopped-down base sheet

    (iii) Are hot trowels used instead of torches for finish around details?

    (iv) Are torch stands always used?

    (v) Is each torch equipped with a functioning ULC listed regulator?

    (vi) Is all equipment fitted with operating pressure gauges?

    (vii) Are hot air welders or electric heat seaming devices used?

19. Does the applicant ensure that <u>all</u> work is inspected at the end of the day?

This is an application for insurance only. The statements and information contained in this application form the basis & terms of coverage if a policy is issued.

_____
Signature of Applicant

NAME (please print) _____

OFFICIAL POSITION _____

DATE _____

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