

## ROOFING APPLICATION

Insured: \_\_\_\_\_

Principals: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Years in Business at this Location: \_\_\_\_\_ How many years experience? \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_ Commercial: \$ \_\_\_\_\_ Residential: \$ \_\_\_\_\_

Of sales above, how much is:

- (a) Hot Tar: \$ \_\_\_\_\_
- (b) Torch on Membrane/Modified Bitcheman: \$ \_\_\_\_\_
- (c) Cold Membrane (Ethylene Popolene Diene Monomem): \$ \_\_\_\_\_
- (d) Shingles: \$ \_\_\_\_\_
- (e) Siding/Eaves Trough: \$ \_\_\_\_\_
- (f) Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

Does the insured perform any out-of-province jobs? Yes  No

Describe process used in roofing: \_\_\_\_\_

Materials used: \_\_\_\_\_

Is heat applied (i.e. open flame, propane torch, electric, etc.) to perform work? Yes  No

If yes, explain fully: \_\_\_\_\_

Are drop cloths or other types of protection used? Yes  No

If yes, explain: \_\_\_\_\_

Does the insured provide fire extinguishers at job sites? Yes  No

Are any emergency clean up materials kept on site? Yes  No

Claims experience, whether insurance applied or not, in the past five (5) years: \_\_\_\_\_

Present Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_

**(Attach Declaration Page)** Expiring Prem.: \$ \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Renewal Offered? Yes  No  Renewal Premium: \$ \_\_\_\_\_

Reason Renewal Denied: \_\_\_\_\_

**Coverage:**

<b>C.G.L.</b>	<input type="checkbox"/> \$1,000,000.00	
	<input type="checkbox"/> \$2,000,000.00	
<b>Non-Owned Auto</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Same limit as C.G.L.)
<b>Tenants Legal Liability</b>	\$ _____	

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Dated: \_\_\_\_\_

Broker Signature: \_\_\_\_\_