



[Casualty Application]

ROOFING CONTRACTOR APPLICATION



canSURE

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ROOFING CONTRACTOR APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Business Operations: _____

Website Address (if applicable): _____

Number of Years in Business: _____ Desired Effective Date: _____

Previous Insurer: _____ Expiring Premium (If Known): _____

Has any Insurer cancelled, declined, or refused you coverage?
If yes, please provide details: Yes No

LOSS EXPERIENCE:

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

PART 2 GENERAL LIABILITY UNDERWRITING INFORMATION

1) Annual Gross Receipts (Commercial & Residential): _____ (require breakdown of receipts for all operations – see below)

COMMERCIAL WORK:

Hot Tar Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Receipts: _____
Hot Air Membrane Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Receipts: _____
Torch On Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Receipts: _____
Cold Shingle Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Receipts: _____
Other Roofing Work (Specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Receipts: _____

TOTAL RECEIPTS FOR "COMMERCIAL" WORK:

RESIDENTIAL WORK

Cold Shingle Work: Yes No Total Receipts: _____

Other Roofing Work (Specify) : Yes No Total Receipts: _____

TOTAL RECEIPTS FOR “RESIDENTIAL” WORK:

2) Total Number of Employees: _____ Annual Payroll: _____ Any US Exposure? _____

3) Please provide detailed information on the experience of the applicant and key employees(s) in the type of operation undertaken:

4) Describe any Hot Air Membrane Process:

5) Any other off premises work (ie. sheet metal work etc.):

6) Does the applicant have any safety procedures/safety manuals in place? Yes No

If yes, please describe:

7) Any sub-contractors hired? Yes No

If yes, describe what type of work is sub-contracted and state whether Certificates of Insurance are provided:

8) What procedures are used to cover open roof areas during repairs operations?

9) Miscellaneous underwriting information/comments:

COVERAGE REQUIREMENTS

Limit(s) of Liability Insurance required: \$ _____

Deductible Requested: \$ _____

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: