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Roofer's Application

Please complete all questions fully. For questions that do not apply please indicate N/A, do not leave any questions blank. If space is insufficient for answers, please attach a separate sheet.

Broker Information

Broker Name: _____
Contact Person: _____
Email Address: _____
Telephone: _____ Fax: _____
Website: _____

Applicant Information

Applicant (Include all Subsidiaries):

Address of Applicant:

Number of Years in Business: _____ Years of Experience of Principal: _____

Have any of the principals ever engaged in this or similar enterprises under a different name?

Yes No

If yes, please provide details:

Area of Operation:

Please advise the current number of employees: _____

Please advise last year's employee turnover: _____ The last 3 years: _____

Revenue Information

Revenue History:

	Total Receipts
Estimated (Next 12 Months):	
Past 12 months:	
1 st Previous Year:	
2 nd Previous Year:	

Annual Roofing Revenue Splits:

a)

New Construction:	%
Re-Roofing / Repairs / Retrofitting:	%

b)

Commercial:	%
Industrial:	%
Institutional:	%
Residential:	%

c)

Hot Built Up Roofing:	%
Cold Built Up Roofing:	%
Hot Mop / Torch on Membrane:	%
Cold Membrane & EPDM:	%
Shakes / Shingles / Tiles / Metal Cladding:	%
Other (Please describe):	%

Amount of Work Derived from Maintenance Contracts: _____

List the 5 largest jobs the insured has taken on in the last 3 years (include the name of the client and the project price):

Job	Name of Client	Project Price

Present Insurance Coverage Information

Does the applicant presently have an insurance policy?

Yes No

If no, please explain: _____

Current Carrier: _____

Expiry Date: _____ Expiring Premium: _____

Policy #: _____

Is the current carrier willing to renew?

Yes No

If no, please explain: _____

Has the applicant been declined, canceled, or had a renewal of any kind refused in the past 5 years?

Yes No

If yes, please explain: _____

Safety Information

Do the insured's operations involve the removal and/or transportation of asbestos?

Yes No

If yes, please provide details:

Does the insured have a safety training program in place for new employees?

Yes No

If yes, please provide details:

Does the insured have an ongoing safety training program for all employees?

Yes No

If yes, please provide details:

Describe fully the measures taken to prevent water damage, from rain and other sources, at the job site (include details of how roof areas are covered during repair and re-roofing work):

Describe fully the measures taken to prevent fire damage at the job site (including the number of personnel on site, fire extinguisher protocols and the minimum length of fire watch):

Subcontracting Information

Is work subbed out to subcontractors?

Yes No

If yes, what type of work is subbed out and what is the amount paid annually? _____

Are certificates of insurance required from all subcontractors?

Yes No

If yes, what limits are required? _____

Claims Information

Describe all losses, claims or suits brought against you in the past 5 years:

Date of Loss	Description	Amount of Loss	Open / Closed	Paid / Reserved
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Are you aware of any other incidents, facts, circumstances or allegations not yet reported to the insurer which may result in claims against you?

Yes No

If yes, please explain:

What action has been taken to eliminate future accidents?

Coverages Required

CGL Limit Required: _____ Deductible: _____

Non Owned Automobile Limit Required: _____

SEF 94 – Legal Liability to Hired Automobile: _____

Tenant's Legal Liability Required: _____

The undersigned declares that all statements made in this application and the information documents submitted with it are true. Signing of this document does not bind the applicant to complete the insurance, but it is agreed that the application shall be the basis of the contract, should a policy be issued.

Signature of Applicant or Authorized Representative

Print Name and Title

Date

Broker