



ROOFING APPLICATION

DATE:

D	D	M	M	Y	Y
---	---	---	---	---	---

Broker

Attn _____
AMF Broker Number

Name of Applicant

Name(s) of Principal(s)

Website Address

Contact Name (for inspections) _____
Contact Phone Number

Mailing Address

Risk Address

Description of Operations }

If additional space is needed to answer any questions ,please use the blank page included with this form on page 7.

Year Business Started _____
Number of years of experience

Existing Insurer _____
Expiry Date _____
Policy Number

Will they Renew? Yes No

If No, give reason for non-renewal

Expiring Premium _____
Limits _____
Deductible

Terms & Conditions:

Has the Applicant been Cancelled/Declined Insurance? Yes No

If Yes, please advise reason

Has the Applicant had any losses/claims for the last five (5) Years? Yes No

If Yes, please provide details, i.e. date, type of loss/claim, gross amount paid including defense cost and deductibles, amount of outstanding loss and steps taken to prevent reoccurrence?

Are you aware of any incidents that may result in a claim? Yes No

If yes, please advise the details:



ROOFING APPLICATION

Abuse and Employment Practices Disclosure

I have no knowledge of any past or pending claims against my company with respect to abuse including allegations of sexual abuse, or, any other employment practices violations including wrongful dismissal and discrimination Agree Disagree

If disagree provide details: _____

Has the applicant ever engaged in similar business operations under different names? Yes No

If yes, please provide details

Number of employees: _____ Annual Payroll: _____
Number Dollar Value

Annual gross revenue from:

A. Roofing: _____
Total

B. Other: _____
Total

Percentage Split

Commercial _____ Residential _____
Percentage Percentage

New Construction _____ Roofing & Repairs _____
Percentage Percentage

Annual Roofing Revenue: (Percentage Split)

Hot built up roofing (Bur) _____ Cold Membrane & EPDM & Cold Bur
Percentage (ethylene propylene dienemonomers) _____
Percentage

Hot Mop _____ Shakes/Shingles/Tiles/Metal Cladding _____
Percentage Percentage

Torch on membrane _____ Other _____
Percentage Please specify Percentage

Is the applicant ever engaged in the removal & disposal of asbestos (in any form)? Yes No

If yes, please provide full details

Work Sublet Out (a) Cost of work Sub-Let: \$ _____

(b) Type of Work? _____

Are sub-contractors required to carry liability insurance? Yes No If Yes, specify limits: _____

Do you ask sub-contractors to submit liability certificates? Yes No

Are you added as an Additional Insured to their Policy? Yes No

Do you enter into formal contractual agreements with your sub-contractors? Yes No

If yes, do you include a "Hold Harmless" clause in your favour? (Submit copy of usual contract form) Yes No

Are all employees covered by Workmen's Compensation? Yes No

If no: _____
Give number and types of employees not covered by Workmen's Compensation

Actual Payroll of these employees (\$)

Does the applicant have a safety program for new employees? Yes No

Does the applicant provide ongoing training for all employees? Yes No



ROOFING APPLICATION

Describe fully the measures taken to prevent fire at the job sites (including number and type of fire extinguishers):

Are portable smoke detectors used? Yes No

Are spray-on fire retardants used? Yes No

Is smoking prohibited on the roof? Yes No

Is a supervisor on site during all operations involving hot stuff or torches? Yes No

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 & reproofing work):

Provide Details of other safety precautions to prevent injuries to workers & pedestrians and damage to property:

Please provide details of propane tank storage, maintenance & safe handling:

Are only properly trained personnel engaged in the handling & operation of propane tanks? Yes No

Is each propane tank equipped with approved, operational safety valves? Yes No

Does the applicant take precautions to properly store equipment and hazardous materials at job sites after working hours? Yes No

If yes, provide safety and security details

Are torch system manufacturers recommendations followed? Yes No

Are roofing material manufacturers recommendations followed? Yes No

Are hot trowels used instead of torches for finish work around details? Yes No

Are torch stands used? Yes No

Is each torch equipped with a functioning ULC listed regulator? Yes No

Is all equipment fitted with operating pressure gauges? Yes No

Are hot air welders or electric heat seaming devices used? Yes No

Does the applicant ensure that all work is inspected at the end of each day and on completion of job? Yes No

Is the applicant a member in good standing of the Provincial Roofing Contractors Association? Yes No

If you conduct operations in British Columbia, have you worked or will you work on schools? Yes No



ROOFING APPLICATION

State Limit of Liability Required: \$ _____
 Each Occurrence _____ Aggregate Products - Completed Operations _____

The following coverages may be included in our CGL

- Non-Owned Automobile-Excluding Long Term Leased Vehicles
- Products & Completed Operations
- Employees as Additional Insureds
- Contingent Employer's Liability
- Broad Form Property Damage
- Blanket Contractual Liability-Non-Reported
- Personal Injury
- Medical Payments Limits - \$2,500 each person/\$25,000 aggregate any one occurrence
- Advertising Liability
- Owners/Contractors Protective
- Separation of Insureds/Cross Liability
- Bodily Injury & Property Damage to Protected Persons & Property
- Broad Form Automobile
- Attached Machinery
- Tenants Legal Liability - Broad Form - \$100,000 Limit
- Pollution Exclusion - Hostile Fire Exception
- Incidental Medical Malpractice
- Employment Practices Liability

✓ CHECK ADDITIONAL CGL COVERAGE REQUIRED

- Broad Form Vendors _____
Limit (\$)
- Employee Benefits E&O _____
Limit (\$)
- SEF #94 - Private Passenger & Light Commercial under 2,800 kg. _____
Limit (\$)
- SEF #96 - Contractual Liability Endorsement _____
Limit (\$)
- Employers' Liability _____
Limit (\$)
- Voluntary Compensation _____
Limit (\$)
- Forest Fire Fighting Expense _____
Limit (\$)
- Abuse Endorsement _____
Limit (\$)
- Faulty Workmanship _____
Limit (\$)
- Other: _____
Limit (\$)

***COVERAGE SUBJECT TO THE FOLLOWING ENDORSEMENTS AND WARRANTIES:
 (additional conditions may also be applied upon underwriting review)

FORMAL AGREEMENT

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE COMMERCIAL GENERAL LIABILITY COVERAGE
 ROOFING CONTRACTOR - HOT MEMBRANE INSTALLATION

It is hereby understood and agreed that, when you are installing Hot Membrane roofing material:

- a) The Installer, must have in his possession a fire extinguisher in good working order on the worksite at all times and,
- b) one of your employees must remain on the site during the cooling off period of at least 60 minutes after the completion or suspension of the installation and,
- c) one of your employees must take readings of the roof temperature using a hand-held infrared thermometer and follow all of the manufacturer's instructions in order to detect zones of excessive heat on the roof once the installation is completed or suspended.

It is understood and agreed that failing to meet any one these conditions will render coverage null and void.

TAR BOILER WARRANTY

Excluding tar boilers above ground level unless, condition precedent to liability:

- a) Regulation spill tray is in use;
- b) Fire Powder and Extinguishers are kept on hand for immediate use;
- c) The equipment is constantly attended when hot or in use.

It is understood and agreed that failing to meet any one of these conditions will render coverage null & void.



ROOFING APPLICATION

WELDING, CUTTING, BRAZING, BURNING AND/OR OPEN FLAME WARRANTY ATTACHED TO AND FORMING PART OF THE COMMERCIAL GENERAL LIABILITY FORM

It is a condition of this Policy of Insurance that the Insured shall take all steps to ensure the following precautions are complied with on each occasion where the Insured is using any oxy-acetylene or electric welding or cutting plant or any blow lamp or blow torch away from the Insured's premises;

- (1) the immediate area in which the operation is to be carried out must be segregated to the greatest practicable extent by the use of screens made of metal and/or fire retardant material,
- (2) the whole of this segregated area must be adequately cleaned and freed from combustible material before operations commence,
- (3) combustible floors/substances in or surrounding this segregated area must be liberally covered with sand or protected by overlapping sheets of incombustible material,
- (4) where work is being carried out in any enclosed area, an additional employee of the Insured or an employee of the occupier shall be present at all times to guard against an outbreak of fire,
- (5) no work should be carried out unless specifically authorized by the occupier, who should also be asked to approve the safety arrangements,
- (6) the following must be kept available for immediate use near the scene of operations;
 - a. suitable fire extinguishers and/or
 - b. hoses connected up in readiness for immediate use and tested prior to the commencement of the work.
- (7) a thorough examination must be made in the vicinity of the work approximately one hour after the termination of each operation. In the event that it is not practicable for such examination to be carried out by the Insured's own employee then appropriate arrangements must be made with the occupier,
- (8) before "burning off" metal work built into or projecting through walls or partitions an examination should be made to confirm that the other end of the metal is not in a hazardous proximity to combustible material which may be ignited by the conduction of heat,
- (9) The Insured also warrants that all approved fire extinguishing equipment will be in good working order and shall always be readily available when welding, cutting, brazing, burning and/or open flame operations are being performed.

It is understood and agreed that failing to meet any one these conditions will render coverage null and void.

FUNGI and FUNGAL DERIVATIVES EXCLUSION ENDORSEMENT

Attached to and forming part of The Commercial General Liability Form

The following exclusion is **added to SECTION 1- COMMON EXCLUSIONS COVERAGES A, B, C and D**

FUNGI and FUNGAL DERIVATIVES EXCLUSION

This insurance shall not apply to:

- a. "bodily injury", "property damage", "personal injury" or Medical Payments or any other cost, loss or expense incurred by others, arising directly or indirectly, from the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, presence of, spread of, reproduction, discharge or other growth of any "fungi" or "spores" however caused, including any costs or expenses incurred to prevent, respond to, test for, monitor, abate, mitigate, remove, cleanup, contain, remediate, treat, detoxify, neutralize, assess or otherwise deal with or dispose of "fungi" or "spores"; or
- b. any supervision, instructions, recommendations, warnings, or advice given or which should have been given in connection with a. above; or
- c. any obligation to pay damages, share damages with or repay someone else who must pay damages because of such injury or damage referred to in a. or b. above.

This exclusion applies regardless of the cause of the loss or damage, other causes of the injury, damage, expense or costs or whether other causes acted concurrently or in any sequence to produce the injury, damage, expenses or costs.

For the purpose of this endorsement, the following definitions are added:

"Fungi" includes, but is not limited to, any form or type of mould, yeast, mushroom or mildew whether or not allergenic, pathogenic or toxigenic, and any substance, vapour or gas produced by, emitted from or arising out of any "Fungi" or "Spores" or resultant mycotoxins, allergens, or pathogens.

"Spores" includes, but is not limited to, any reproductive particle or microscopic fragment produced by, emitted from or arising out of any "fungi"



ROOFING APPLICATION

Named Insured's Work Exclusion and Definition Amendment Endorsement

Attached to and Forming Part of The Commercial General Liability Form

It is agreed that Exclusion j) in Section I- Coverages of Form CGL-0001 is amended to now read as follows and not as previously shown:

(j) "property damage" to "the Named Insured's work" arising out of such work or any part of such work and included in the "products-completed operations hazard".

It is further agreed that clause 13 of Section V- Definitions of Form No. CGL-0001 is amended to now read as follows and not as previously shown:

13. "The Named Insured's Work" means:

- (a) "The Named Insured's Product" which is real property or which the Named Insured installs or incorporates into real property, and
- (b) Work, operations, or construction done by or on behalf of the Named Insured under the supervisions, management, or direction of the Named Insured; and
- (c) Material, parts or equipment furnished in connection with such work, operations or construction.

"The Named Insured's work" includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in (a) or (b) above.

Except as otherwise provided in this Endorsement, all Agreements, Exclusions, Definitions, and Conditions of the Policy shall have full force and effect.



ROOFING APPLICATION

Additional Information related to Application *(Extra Risk Locations, Mortgagees, etc.)*



ROOFING APPLICATION

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application 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 for Insurance

The Policy may be deemed to be void and claims may be deemed not covered 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.

Policy Language Request: (applicable to Quebec applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du Quebec seulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

Our Privacy Policy and Commitment to Protecting Your Privacy

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, at A.M. Fredericks Underwriting Management Ltd. 201-339 Westney Rd. S. Ajax, Ontario L1S 7J6 Tel: 905-428-1269 Ext 109 Fax: 905-428-3977

Our Insurers privacy contacts can be found:

<http://www.amfredericks.com/privacy.php>

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

D	D	M	M	Y	Y
---	---	---	---	---	---



ROOFING APPLICATION

Broker Survey

(Questions to be answered by the Broker)

1. Do you know the Applicant Personally?

Yes No

If Yes, for how long?

2. Did you receive the order direct from the Applicant?

Yes No

If No, from whom and why?

3. Do you handle other Insurance for the Applicant?

Yes No

If yes, which coverages.

4. Do you recommend this risk in every respect?

Yes No

If no, please explain

5. Is this risk a renewal to your Office?

Yes No

If yes, how long have you placed the risk?

6. Are you licensed broker in the province wher the risk is located?

Yes No

DATE:

D	D	M	M	Y	Y
---	---	---	---	---	---

Broker's Signature _____