SPECIAL RISK INSURANCE MANAGERS

Send applications to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

ROOFING CONTRACTOR APPLICATION

Brokerage Name: _____ Broker Contact: _____

Named Insured: _____ Operating Name: _____

Mailing Address: _____

Location Address: _____

REVENUE BREAKDOWN

TOTAL GROSS REVENUES: $ (annual GR of all operations) _____

Operations Split	%	Roofing Breakdown	%
Roofing Operations		Residential	
Other Operations – Advise Below		Commercial	
		New Construction	
		Re-Roofing / Replacement	
		Repairs / Service	
		Other	

Roofing System Split	%	Roofing System Split	%
Hot BUR		Cold Membrane / EPDM	
Cold BUR		Shakes / Shingles / Tiles	
Hot MOP / Torch-On		Metal Roofing / Cladding	
Other			

EXPERIENCE & MANAGEMENT

Years in business: _____ # Years of Construction / Contracting Experience: _____

Years of roofing experience (Owners / Principals): _____

Has the applicant ever operated under a different business name? ☐ Yes ☐ No If yes: _____

Any roofing or contractor association memberships? ☐ Yes ☐ No Details: _____

If a member of a provincial roofing contractors association, is membership in good standing? ☐ Yes ☐ No ☐ N/A

Are owners or principals actively involved in daily operations or supervision? ☐ Yes ☐ No

OPERATIONS

Describe all operations: _____

Do operations include any of the following incidental to roofing work?

☐ Gutters / Downspouts ☐ Siding / Soffit / Fascia ☐ Skylights ☐ Flashing ☐ Snow Guard ☐ Exterior Caulking / Sealing

☐ Roof Inspections / Maintenance ☐ Eavestrough Cleaning ☐ Other _____

Are all ancillary operations incidental to roofing exposure? ☐ Yes ☐ No

Any high-rise, occupied, or multi-tenant buildings? ☐ Yes ☐ No Max Height / Storeys: _____

Details on building type / occupancy: _____

Operations involve: ☐ Aerial Lifts ☐ Scaffolding ☐ Cranes

Operators trained & supervised? ☐ Yes ☐ No

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

If yes – provide full details: _____

METAL ROOFING – CUTTING / GRINDING

Do operations involve cutting or grinding metal roofing materials? ☐ Yes ☐ No

If yes to the above, confirm that all such operations are performed without welding, torching, brazing, soldering, or other heat-applying operations: ☐ Confirmed If not confirmed complete Hot Roofing Section

Are spark / fire prevention controls in place? ☐ Yes ☐ No

Are combustibles removed or protected during operations? ☐ Yes ☐ No

Is housekeeping maintained during cutting / grinding? ☐ Yes ☐ No

WATER DAMAGE / WEATHER CONTROL

Are daily watertight closure procedures maintained? ☐ Yes ☐ No

Is weather monitored throughout workday? ☐ Yes ☐ No

Are tarps / materials available on-site at all times? ☐ Yes ☐ No

Is work suspended during poor weather conditions? ☐ Yes ☐ No

Are daily site inspections completed by a foreman or supervisor? ☐ Yes ☐ No

SAFETY & SITE CONTROLS

☐ Written safety manual ☐ Fall protection procedures ☐ Ladder safety procedures ☐ Toolbox talks / Safety meetings ☐ Training Records

☐ Foreman supervision ☐ Spray-on fire retardants used

Smoking is prohibited on roofing job sites ☐ Yes ☐ No

Equipment, tools, propane cylinders & hazardous materials secured when job site unattended ☐ Yes ☐ No

SUBCONTRACTORS

Percentage subcontracted: _____% Are subcontractors licensed? ☐ Yes ☐ No

Required to carry separate CGL? ☐ Yes ☐ No Required to provide certificate of insurance? ☐ Yes ☐ No

What CGL limit is required to be in place for subcontractors? _____

Describe subcontracted operations: _____

EMPLOYEES

Number of employees: _____ Annual payroll: $ _____

Are all employees covered by applicable work BC / WCB coverage? ☐ Yes ☐ No

If no, indicate the number of employees not covered and their positions: _____

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

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

Are junior or inexperienced employees supervised by an experienced foreman or supervisor? ☐ Yes ☐ No

COLD ROOFING OPERATIONS

THE APPLICANT CONFIRMS THAT NO HOT ROOFING OPERATIONS ARE PERFORMED, including torch-on roofing, hot membrane installation, hot asphalt/built-up roofing, open flame roofing, welding, or any other hot roofing exposure, whether performed regularly, occasionally, incidentally, or on a one-time basis.

☐ **Confirmed** – ***The Applicant acknowledges and confirms the above statement is true and accurate***
If any hot roofing operations are performed, do not select "Confirmed" and complete the Hot Roofing Operations section below

HOT ROOFING OPERATIONS

Any hot roofing exposure requires completion of this section, even if such operations are performed only occasionally, incidentally, or once per year.

Complete the following for all hot membrane, torch-on, hot asphalt, or other hot roofing operations:

Are torch system manufacturers' recommendations followed? ☐ Yes ☐ No

Are roofing material manufacturers' recommendations followed?

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

Ensure that all work is inspected at the end of each day and upon completion of the job? ☐ Yes ☐ No

Insured is a member in good standing of the provincial roofing contractors association? ☐ Yes ☐ No

If operating in B.C., has the applicant worked or will the applicant work on schools? ☐ Yes ☐ No

Only properly trained personnel engaged in handling & operation of propane equipment? ☐ Yes ☐ No

Is all propane equipment maintained and equipped with operational safety devices? ☐ Yes ☐ No

Additional information:

A HOT MEMBRANE INSTALLATION WARRANTY WILL BE APPLIED TO THE POLICY IF BINDING

Complete this section only if hot membrane roofing operations are performed. If no hot roofing operations are performed, leave this section blank.

The applicant confirms the following when installing hot membrane roofing material:

- A fire extinguisher in good working order is maintained on the worksite at all times
- An employee remains on site during the cooling-off period of at least sixty (60) minutes following completion or suspension of installation
- Roof temperature readings are taken using a hand-held infrared thermometer, and manufacturer recommendations are followed to identify excessive heat zones following completion or suspension of installation

☐ **CONFIRMED –** ***The Applicant acknowledges and confirms the above statements are true and accurate***

CGL limit requested ☐ $2,000,000 ☐ $3,000,000 ☐ $5,000,000 ☐ OTHER _____

Has renewal been offered ☐ Yes ☐ No If no, why: _____

Renewal date / date required _____ target premium $ _____

Any claims or losses in past 5 years? ☐ Yes ☐ No If yes, provide details _____

Has any insurer declined, cancelled or refused to renew the applicant's liability insurance in the past five (5) years? ☐ Yes ☐ No

If yes, why? _____

THIS APPLICATION IS INTENDED FOR PRIMARY ROOFING OPERATIONS ONLY. All operations performed by the applicant must be disclosed. Non-roofing operations may require additional underwriting information, questionnaires or applications. Completion of this application does not bind coverage or guarantee acceptance of the risk. Any quotation provided is based upon the information disclosed by the applicant. Insurance shall become effective only upon issuance of a policy or written binder authorized by the Insurer.

Applicant Signature: _____ Name: _____ Date: _____

A SIGNED AND CURRENT DATED APPLICATION IS REQUIRED WITHIN 7 DAYS OF BINDING