**APPLICANT**

|  |  |
| --- | --- |
| Name of applicant: |       |
|  |       |
| Mailing address: |       |
|  | *Civic number, street*      |  |       |  |       |
|  | *City* |  | *Prov.* |  | *Postal code* |

 **SUPPLEMENTAL QUESTIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of year(s) in business: |       |  | Number of year(s) of experience: |       |
| The applicant is general contractor | [ ]  Yes [ ]  No |
| The applicant is sub-contractor | [ ]  Yes [ ]  No |
| Other, specify: |       |
| Describe the type of work performed: |       |
|       |
| **Specify receipts breakdown:** |
| Residential: |       % |  | Commercial: |       % |  | Industrial: |       % |
| Institutional: |       % |  | Agricultural: |       % |  |  |  |
| **Does the applicant employ professionals?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| **Provide a full description of insured’s activities off premises (i. e.: installation, etc) and the percentage of total revenues:** |
| Description of the activities off premises |  | Percentage of total revenues |
|       |  |       % |
|       |  |       % |
|       |  |       % |
|       |  |       % |
| **Subcontracted works:**  |  |  |
| Description of subcontracted works |  | Value of subcontracted works |
|       |  | $        |
|       |  | $        |
|       |  | $        |
|       |  | $        |

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| **Is the applicant carrying out or has already carried out work in one or more of the following locations?** |
| Refineries | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Airports | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Mines | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Sawmills | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Ports | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Historical buildings | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Residential buildings with more than 4 floors | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Hospitals | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Gas stations | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Northern of Quebec | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| **Could any of your products or services be used on or in connection with?** If **YES**, please provide full details of work undertaken: |
| Automobiles | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Watercraft | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Aircraft | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Bridges, dams or tunnels | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Pharmaceutical sector | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| Pipes for chemical discharge | [ ]  Yes [ ]  No | If **YES**, specify: |       |
| **Indicate the percentage of the applicant’s and sub-contractors’ activities (CONTINUED NEXT PAGE)**. |
| **Activity** | **Applicant’s activity** |  | **Sub-contractors’ activity**  |
| Blasting |       % |  |       % |
| Excavation |       % |  |       % |
| Manual demolition |       % |  |       % |
| Mecanical demolition using heavy equipment |       % |  |       % |
| Structural erection |       % |  |       % |
| Shoring |       % |  |       % |
| Pile driving |       % |  |       % |
| Weakening of supports |       % |  |       % |
| Caisson work |       % |  |       % |
| Collapse |       % |  |       % |
| Underground |       % |  |       % |
| **Indicate the percentage of the applicant’s and sub-contractors’ activities (CONTINUATION)** |
| **Activity** | **Applicant’s activity** |  | **Sub-contractors’ activity**  |
| Roofing without heat application |       % |  |       % |
| Roofing with heat application  |       % |  |       % |
| Asbestos removal |       % |  |       % |
| Welding |       % |  |       % |
| Sprinklers |       % |  |       % |
| Installations of pressurized water pumps |       % |  |       % |
| Work on medical gas system |       % |  |       % |
| Alarm system and/or security |       % |  |       % |
| Exterior spray painting |       % |  |       % |
| Underpinning  |       % |  |       % |
| Real estate flipping |       % |  |       % |
| Houses raising |       % |  |       % |
| Sale, maintenance, installation of chimney and wood fireplace  |       % |  |       % |
| Snow removal for 3rd parties |       % |  |       % |
| **If YES, please complete a SNOW REMOVAL application** |  |  |  |
| Removal, installation, maintenance of aboveground tanks |       % |  |       % |
| **If YES, please complete a POLLUTION application** |  |  |  |
| Removal, installation, maintenance of underground tanks |       % |  |       % |
| **If YES, please complete a POLLUTION application** |  |  |  |
| **Does the applicant ever use explosive materials or nuclear energy?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| **Does the applicant ever use pollutants?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| **Does the applicant use welding? (CONTINUED NEXT PAGE)** | [ ]  Yes [ ]  No |
| On premises: |       % |  | Off premises: |       % |
| If **YES**, specify: |       |
| Welding type: | [ ]  Acetylene | [ ]  Electric | [ ]  Torch | [ ]  Other |
| If **OTHER**, specify: |       |
| Portable extinguishers use: | [ ]  Yes [ ]  No | Extinguisher/welder ratio: |       |

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| **Does the applicant use welding? (CONTINUATION)** |
| Specifiy the security measures taken by the applicant to prevent any damage to third parties? |
|       |
|       |
| Pipe de-icing: | [ ]  Yes [ ]  No | If **YES**, described the method: |       |
|       |
| Employee with welder’s card |  | Number of years if experience |  | Number of years employed by the applicant |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
| **Does the applicant perform work covered by Wrap-up insurance?** | [ ]  Yes [ ]  No |
| If **YES**, what is the percentage for these works? |       |
| **Does the applicant require proof of liability insurance?** | [ ]  Yes [ ]  No |
| If **YES**, what limit of insurance is required | $       |

 **ADDITIONAL INFORMATION**

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|       |

**STATEMENT**

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| THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO INFORMATION HAS BEEN SUPPRESSED OR MISSTATED. |
|       |  |       |
| *Signature of applicant* If signed in the name of a company, indicate the position occupied: |  | *MM/DD/YY*       |
| **The application must be signed by an officer, a director of the applicant Named Insured.** |
|       |  |       |
| *Signature of broker* |  | *MM/DD/YY* |

To send your quote request or to contact our team, write us at: mtl.cgl@tottengroup.com .
Our team will be happy to see if we can help you with your risk!