**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 | | | | | |
|  | | | | |  | $ | | | | | |
|  | | | | |  | $ | | | | | |
|  | | | | |  | $ | | | | | |
|  | | | | |  | $ | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| 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](mailto:tot.cgl@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!