**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: |       |
| Experience of the applicant in an agricultural environment: |       |
|       |
| **Activity(ies) of the applicant, type(s) of building/agricultural environment(s):** |
| **Activity, type of building/agricultural env.** |  | **Breakdown** |  | **Projected annual revenue:** |  | **Annual revenue achieved:** |
|       |  |       % |  | $       |  | $       |
|       |  |       % |  | $       |  | $       |
|       |  |       % |  | $       |  | $       |
|       |  |       % |  | $       |  | $       |
| **Does the applicant meet the requirements of the Quebec Construction Code, Chapter V, Electricity, on installations in agricultural**  |
| **building (wiring permitted, prohibited concealed wiring except metal sheath, protection against rodents)** | [ ]  Yes [ ]  No |
| **Has the applicant ever installed temporary heating units such as “construction heaters”?** | [ ]  Yes [ ]  No |
| If **YES**, are they all installed according to the requirements of the Code and provided with appropriate connection sockets, not connected  |
| directly to the electrical panels? | [ ]  Yes [ ]  No |
| For locations with high humidity, does the applicant install the outlets for these heaters on non-combustible bases away from  |
| a combustible surface? | [ ]  Yes [ ]  No |
| **Is the applicant installing an emergency generator?** | [ ]  Yes [ ]  No |
| If **YES**, does the applicant handle maintenance contracts for the generator?  | [ ]  Yes [ ]  No |

**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.** |
|       |  |       |

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!