**APPLICANT**

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

**SUPPLEMENTAL QUESTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate the percentage of the applicant's turnover for the following categories:** | | | | | | | | | | | | | | | |
| Residential: | % | |  | | Commercial: | | | % | |  | Industrial: | | | % | |
| Institutional: | % | |  | | Medical: | | | % | |  | Agricultural: | | | % | |
| **Please provide percentages of operations:** | | | | | | | | | | | | | | | |
|  | | | |  | |  |  | | **Percentages** | | |  | **Details** | | |
| Paging Services | | | | | | ☐ Yes ☐ No |  | | % | | |  |  | | |
| Telephone Answering Service | | | |  | | Yes  No |  | | % | | |  |  | | |
| Emergency 911 | | | |  | | Yes  No |  | | % | | |  |  | | |
| Other | | | |  | | Yes  No |  | | % | | |  |  | | |
| **Is the station ULC listed?** | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| If **NO**, is the monitoring system computerized? | | | | | | | | | | | | | | | Yes  No |
| Does the applicant have a backup power source? | | | | | | | | | | | | | | | Yes  No |
| **Is there a training program in place for operators?** | | | | | | | | | | | | | | | Yes  No |
| If **YES**, specify: | |  | | | | | | | | | | | | | |
| Is there a written procedures for operators? | | | | | | | | | | | | | | | ☐ Yes ☐ No |
| **Are prospective employees thoroughly investigated?** | | | | | | | | | | | | | | | Yes  No |
| Do employees have a bond? | | | | | | | | | | | | | | | Yes  No |

**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.** | | |
|  |  |  |

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!