**APPLICANT**

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

**SUPPLEMENTAL QUESTIONS**

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| **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**

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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!