**APPLICANT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Policy number: |  | |  | | | |
| Name(s) of applicant: |  | | | | | |
|  |  | | | | | |
| Mailing address: |  | | | | | |
|  | *Civic number, street* |  | |  |  |  |
| Web Site: | *City* |  | | *Prov.* |  | *Postal code* |

**UPDATE**

**GENERAL LIABILITY**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please provide the relevant annual turnover and the breakdown of subcontracted work** | | | | | | | | | | | |
| **Activities** | | |  | **Estimated annual sales** | |  | **Actual annual sales** | |  | **Subcontracted work** | |
| Acoustic Floors/Tiles | | |  | $ |  |  | $ |  |  |  | % |
| Carpet cleaning | | |  | $ |  |  | $ |  |  |  | % |
| Commercial construction and renovation | | |  | $ |  |  | $ |  |  |  | % |
| Janitor (general cleaning) | | |  | $ |  |  | $ |  |  |  | % |
| Dry cleaning | | |  | $ |  |  | $ |  |  |  | % |
| Drying/Dehumidification | | |  | $ |  |  | $ |  |  |  | % |
| Electricity | | |  | $ |  |  | $ |  |  |  | % |
| General plumbing | | |  | $ |  |  | $ |  |  |  | % |
| Isolation | | |  | $ |  |  | $ |  |  |  | % |
| Painting/Tapestry | | |  | $ |  |  | $ |  |  |  | % |
| Plastering /Plaster board | | |  | $ |  |  | $ |  |  |  | % |
| Residential construction and renovation | | |  | $ |  |  | $ |  |  |  | % |
| Roofing | | |  | $ |  |  | $ |  |  |  | % |
| Wall cleaning | | |  | $ |  |  | $ |  |  |  | % |
| Waterproofing/Sealer | | |  | $ |  |  | $ |  |  |  | % |
| Other: |  |  |  | $ |  |  | $ |  |  |  | % |
| Total: | | |  | $ |  |  | $ |  |  |  | % |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Give breakdown of sales as follows: | | | | | | | | | | | | | | | | |
| Canada: |  | | | % |  | United States: | |  | | % |  | Other Countries: | | |  | % |
| If **OTHERS** countries, please specify: | | | | |  |  | | | | | | | | | | |
| **Number of employees and total annual payroll:** | | | | | | | | | | | | | | | | |
| Number of employees: | |  | | | | | | | | | | | | | | |
| Estimated annual payroll: | | $ |  | | | |  | | Actual Payroll: | | | | $ |  | | |

**ENVIRONMENTAL RESPONSIBILITY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If the applicant is carrying out decontamination and material removal work, please provide the following details:** | | | | | | | | | | | | | | | | | | |
| **Activities** | | | | |  | | **Estimated annual sales** | | |  | **Actual annual sales** | | | |  | **Subcontracted work** | | |
| Asbestos | | | | |  | | $ | |  |  | $ |  | | |  |  | | % |
| Lead | | | | |  | | $ | |  |  | $ |  | | |  |  | | % |
| Mold | | | | |  | | $ | |  |  | $ |  | | |  |  | | % |
| Oil | | | | |  | | $ | |  |  | $ |  | | |  |  | | % |
| Other: |  |  | | |  | | $ | |  |  | $ |  | | |  |  | | % |
| Does the applicant do work outside Canada? | | | | | | | | | | | | | | | Yes  No | | | |
| In the presence of contaminant(s), is an independent environmental engineer or industrial hygienist responsible for the work? | | | | | | | | | | | | | | | | Yes  No | | |
| Are operations carried out in compliance with provincial regulations where the work takes place? | | | | | | | | | | | | | | | Yes  No | | | |
| **Does the applicant require proof of environmental liability insurance from subcontractors naming it as an additional Insured?** | | | | | | | | | | | | | | | | | Yes  No | |
| If **YES**, what are the minimum limits required by the applicant? | | | | | | | | | | | | | | | | | | |
| General liability: | | | $ |  | |  | | Environmental responsibility: | | | | | $ |  | | | | |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
|  | |
| Have owners ever been prosecuted under criminal laws? | Yes  No |
| If **YES**, join copy of criminal record. | |

**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!