**APPLICANT**

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

 **UPDATE**

**GENERAL LIABILITY**

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| **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**

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| **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**

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

**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.** |
|       |  |       |
| *Signature of broker* |  | *MM/DD/YY* |

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!