**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: |       |
| Is the applicant a member of the *Association des Maîtres Couvreurs du Québec* (AMCQ)? | [ ]  Yes [ ]  No |
| The applicant is general contractor | [ ]  Yes [ ]  No |
| The applicant is sub-contractor | [ ]  Yes [ ]  No |
| Other, specify: |       |
| Describe the type of work performed: |       |
|       |
| **Does the applicant perform similar activities under different names?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |
| **Specify receipts breakdown:** |
| Residential: |       % |  | Commercial: |       % |  | Industrial: |       % |
| Institutional: |       % |  | Agricultural: |       % |  |  |  |
| New construction: |       % |  | Retrofit/Repair: |       % |
| **Description of the applicant's activities, related annual revenues and distribution (continued on other page):** |
| **Activities** |  | **Distribution** |  | **Projected revenues** |  | **Actual revenues** |
| Shingles, tiles, metal |  |       % |  | $       |  | $       |
| Built-up roofing system (BUR), cold process  |  |       % |  | $       |  | $       |
| Built-up roofing system (BUR), hot process |  |       % |  | $       |  | $       |
| Rubberized bitumen roof, hot process (*hot mop)* |  |       % |  | $       |  | $       |
| TPO Membrane (thermoplastic polyolefine) |  |       % |  | $       |  | $       |

|  |
| --- |
| **Description of the applicant's activities, related annual revenues and distribution (CONTINUATION):** |
| **Activities** |  | **Distribution** |  | **Projected revenues** |  | **Actual revenues** |
| EPDM membrane roof(ethylene-propylene-diene monomer) |  |       % |  | $       |  | $       |
| Hot roofing (torch on membrane) |  |       % |  | $       |  | $       |
| Hot air  |  |       % |  | $       |  | $       |
| Green roof |  |       % |  | $       |  | $       |
| Roof snow removal |  |       % |  | $       |  | $       |
|       |  |       % |  | $       |  | $       |
| Total |  |       % |  | $       |  | $       |
| **Does the applicant remove and dispose of asbestos (in all its forms)?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| **Subcontracted works:** |  |  |
| Description of subcontracted works |  | Revenues for subcontracted works |
|       |  | $       |
|       |  | $       |
|       |  | $       |
|       |  | $       |
| Does the applicant require proof of subcontractor liability insurance? | [ ]  Yes [ ]  No |
| If **YES**, what limit of insurance is required? | $       |
| **Are all employees covered by Workers Compensation?** | [ ]  Yes [ ]  No |
| If **NO**, number of unprotected employee(s): |       |
| Specify the unprotected position(s): |       |
| Does the applicant have a safety program for new employees? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| Does the applicant provide ongoing training for all employees? | [ ]  Yes [ ]  No |
| If **YES**, specify: |        |

 **RISK MANAGEMENT**

|  |
| --- |
| **Specify all fire prevention measures implemented in the workplace:** |
| Number of fire extinguishers: |        |  | Types of fire extinguishers: |        |
| Are portable smoke detector used? | [ ]  Yes [ ]  No |
| Are spray-on fire retardants used? | [ ]  Yes [ ]  No |
| Is smoking prohibited on the roof? | [ ]  Yes [ ]  No |
| Is a supervisor present on site during operations involving hot materials or torches? | [ ]  Yes [ ]  No |
| **Specify roof covering methods during repairs and waterproofing to prevent damage caused by water (rain or other origin):** |
|        |
|       |
| **Specify safety measures to protect employees and pedestrians from injury and prevent damage to property:** |
|       |
| **Specify the storage, maintenance and handling measures for propane gas tanks:** |
|       |
| Are the handling and use of propane gas tanks carried out by adequately trained personnel? | [ ]  Yes [ ]  No |
| If **NO**, specify: |       |
| Does each propane gas tank have approved and working safety valves? | [ ]  Yes [ ]  No |
| **At the workplace, does the applicant take the necessary precautions to properly store equipment and hazardous materials**  |
| **after work hours?** | [ ]  Yes [ ]  No |
| If **YES**, provide security details: |       |
| **Are the torch mechanism manufacturer’s recommendations followed?** | [ ]  Yes [ ]  No |

 **DETAILS OF REQUIRED COVERAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Effective date of insurance: |       |  | Limit of liability: | $       |
| Deductible: | *MM/DD/YY* $       |  | Water damage deductible: | $       |
| Name of present insurer: |       |
| Policy number: |       |  | Expiring premium : |  | $       |
|  |  |  | Expiry date: |  |       |
|  |  |  |  |  | *MM/DD/YY*  |
| Has any Insurer ever cancelled, restricted or refused to renew any insurance? | [ ]  Yes [ ]  No |
| If **YES**, please explain: |       |
|       |

 **BASIC COVERAGE REQUIREMENTS IF AVAILABLE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Coverage** |  | **Limit** |  | **Deductible** |
| **General liability** |
| [ ]  Yes [ ]  No |  | On an occurence basis |  | $        |  | $        |
| [ ]  Yes [ ]  No |  | Products and completed operations |  | $        |  | $        |
| [ ]  Yes [ ]  No |  | Personal injury |  | $        |  | $        |
| [ ]  Yes [ ]  No |  | Tenant’s legal liability |  | $        |  | $        |
| **Other coverage** |
| [ ]  Yes [ ]  No |  | Sudden and accidental pollution 120h |  | $        |  | $        |
| [ ]  Yes [ ]  No |  | Errors and omissions insurance |  | $        |  | $        |
| [ ]  Yes [ ]  No |  | Non-owned automobile liability |  | $        |  | $        |
| Others : |  |       |

 **PREVIOUS LOSS HISTORY**

|  |  |
| --- | --- |
| **Has the applicant had any claims, including claims under another name for similar activities?** | [ ]  Yes [ ]  No |
| **List all liability claims within the last 5 years, whether settled or not.** |
| **Date** |  | **Damages description** |  | **Amount paid or reserve** |  | **Status** |
|       |  |       |  | $        |  |       |
| *MM/DD/YY*      |  |       |  | $        |  |       |
| *MM/DD/YY*      |  |       |  | $        |  |       |
| *MM/DD/YY*      |  |       |  | $        |  |       |
| *MM/DD/YY*      |  |       |  | $        |  |       |
| *MM/DD/YY* |  |  |  |  |  |  |

 **ADDITIONAL INFORMATION**

|  |
| --- |
|       |

 **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!