**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**

|  |  |  |
| --- | --- | --- |
| 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!