**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: | | |  | | |
| **Business Location** | | | | | | | | | | | | | | |
| The applicant is: | | Tenant of the premises | | | | | | | Owner of the premises | | | | | | |
| **Specify receipts breakdown:** | | | | | | | | | | | | | | |
| Residential: | % | | |  | | Commercial: | | | % |  | Industrial: | | % | |
| Institutional: | % | | |  | | Agricultural: | | | % |  |  | |  | |
| **Activities of the applicant, income and location of work (continued on other page):** | | | | | | | | | | | | | | |
| **Activities** | | | | |  | | **Revenues** | | |  | **At workshop** | |  | **Outside workshop** |
| Air Conditioning | | | | |  | | $ | | |  | % | |  | % |
| Ventilation | | | | |  | | $ | | |  | % | |  | % |
| Electric heating | | | | |  | | $ | | |  | % | |  | % |
| Gas heating | | | | |  | | $ | | |  | % | |  | % |
| Oil heating | | | | |  | | $ | | |  | % | |  | % |
| Farming Equipment | | | | |  | | $ | | |  | % | |  | % |
| Motor vehicles | | | | |  | | $ | | |  | % | |  | % |
| Oil tanks | | | | |  | | $ | | |  | % | |  | % |
| Gas Tanks | | | | |  | | $ | | |  | % | |  | % |
| Ornemental Steel | | | | |  | | $ | | |  | % | |  | % |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activities of the applicant, income and location of work (CONTINUATION):** | | | | | | | | | | | | | | | | | | | | | | |
| **Activities** | | |  | | **Revenues** | | | | | | |  | | | **At workshop** | | | |  | | **Outside workshop** | |
| Structures | | | |  | | $ | | | | | | |  | | | % | | | |  | | % | |
|  | | | |  | | $ | | | | | | |  | | | % | | | |  | | % | |
|  | | | |  | | $ | | | | | | |  | | | % | | | |  | | % | |
| Total | | | |  | | $ | | | | | | |  | | | % | | | |  | | % | |
| **Welding type**: | | Acetylene | | | | | Electric | | | | Torch | | | | | | | | Other | | | |
| If **OTHER**, specify : | | | | |  | | | | | | | | | | | | | | | | | |
| **Portable Extinguishers use :** | | Yes  No | | | | | | | | Fire extinguisher/welder ratio: | | | | | | | |  | | | | |
| Specify the security measures taken by the applicant to prevent any damage to third parties. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Pipe de-icing | Yes  No | | | | | | | | | If **YES**, specify the method: | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Employee with welder certificate** | | |  | | **Number of year(s) of experience** | | | | | | | | |  | | | **Number of years employed by the applicant** | | | | | |
|  | | |  | |  | | | | | | | | |  | | |  | | | | | |
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|  | | |  | |  | | | | | | | | |  | | |  | | | | | |
| **Subcontracted works:** | | | | | | | |  |  | | | | | | | | | | | | | |
| Description of subcontracted works | | | | | | | |  | Amount of subcontracted works | | | | | | | | | | | | | |
|  | | | | | | | |  | $ | | | | | | | | | | | | | |
|  | | | | | | | |  | $ | | | | | | | | | | | | | |
|  | | | | | | | |  | $ | | | | | | | | | | | | | |
|  | | | | | | | |  | $ | | | | | | | | | | | | | |
| Does the applicant require proof of subcontractor liability insurance? | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| If **YES**, what limit of insurance is required? | | | | | $ | | | | | | | | | | | | | | | | | |

**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](mailto:tot.cgl@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!