**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** |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
| **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**

|  |
| --- |
|       |

**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!