**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: | | | |  | | |
| Projected annual revenue: | | $ | | | |  | | Annual revenue achieved: | | | | $ | | |
| **Specify receipts breakdown:** | | | | | | | | | | | | | | |
| Residential: | % | |  | Commercial (condo incl): | | | | | % |  | Industrial: | | % | |
| Road: | % | |  | Other: | | | | |  |  |  | | % | |
| **Specify the types of equipment used (excavator, truck, etc.):** | | | | | | | | | | | | | | |
|  | | | | | | |  | |  | | | | | |
|  | | | | | | |  | |  | | | | | |
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|  | | | | | | |  | |  | | | | | |
| Does the applicant use unlicensed equipment? | | | | | | | | | | | | | | Yes  No |
| **Does the applicant offer written contracts to his clients?** | | | | | | | | | | | | | | Yes  No |
| If **YES**, do these contracts contain contractual liability clauses and/or exemption clauses? | | | | | | | | | | | | | | Yes  No |
| If **YES**, please provide a copy of the contract. | | | | | | | | | | | | | | |
| Are copies of contracts kept in file? | | | | | | | | | | | | | Yes  No | |
| Do the contracts contain a specific schedule for snow removal following a snowfall? | | | | | | | | | | | | | Yes  No | |
| Is there a record of work performed (date, duration, location, type of equipment, employees present)? | | | | | | | | | | | | | Yes  No | |
| **Other than sand and salt, does the applicant use any chemicals for de-icing?** | | | | | | | | | | | | | Yes  No | |
| If **YES**, specify: | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Subcontracted works:** |  |  |
| Description of subcontracted works |  | Revenues for subcontracted works |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**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!