**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.):** |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
| 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 .
Our team will be happy to see if we can help you with your risk!