**APPLICANT**

|  |  |  |
| --- | --- | --- |
| Policy number: |       |  |
| Name(s) of applicant: |       |
|  |       |
| Mailing address: |       |
|  | *Civic number, street*      |  |       |  |       |
| Web Site: | *City*      |  | *Prov.* |  | *Postal code* |

 **UPDATE**

|  |  |
| --- | --- |
| In the past 12 months, have there been any changes in ownership, management or operations? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| Are there any changes in locations to be covered? | [ ]  Yes [ ]  No |
| If **YES**, specify the address of the building, tenant or owner and, if applicable, the surface area occupied by the insured and by third parties: |
|       |
|       |
| Are there any significant changes in activities or risk that could influence the risk analysis? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |
| Is the applicant aware of events or losses that could give rise to a claim against him? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |

 **INCOME AND ACTIVITIES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Incomes for the last 12 months: | $  |       |  | Annual payroll: | $  |       |
|  |  | Number of employees : |       |

|  |
| --- |
| **Description of applicant’s operations and annual revenues/sales** |
| **Activities** |  | **Annual incomes achieved** |  | **Projected annual incomes** |  | **Subcontracted work** |
|       |  | $  |       |  | $  |       |  |       | % |
|       |  | $  |       |  | $  |       |  |       | % |
|       |  | $  |       |  | $  |       |  |       | % |
|       |  | $  |       |  | $  |       |  |       | % |
| Give breakdown of sales as follows: |
| Canada: |        | % |  | United States: |        | % |  | Other Countries: |        | % |
| If **OTHERS** countries, please specify: |  |        |
| Does the proponent require proof of insurance from its subcontractors? | [ ]  Yes [ ]  No |
| If **YES**, minimum limit 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 .
Our team will be happy to see if we can help you with your risk!