**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**

|  |
| --- |
|  |

**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!