**APPLICANT**

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| --- | --- |
| Name of applicant: |       |
|  |       |
| Mailing address: |       |
|  | *Civic number, street*      |  |       |  |       |
|  | *City* |  | *Prov.* |  | *Postal code* |

**SUPPLEMENTAL QUESTIONS**

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| **Please indicate the percentage of the applicant's turnover for the following categories:** |
| Residential: |       % |  | Commercial: |       % |  | Industrial: |       % |
| Institutional: |       % |  | Agricultural: |       % |  |  |  |
| **Does the applicant sell, install or provide service fire protection or extinguishing for the following categories?** |
|  |  |  |  | **Revenue** |  | **If YES, specify** |
| Sawmills | [ ]  Yes [ ]  No |  | $       |  |       |
| Logging or forestry equipment |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Contractors' equipement |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Mobile equipment |  | [ ]  Yes [ ]  No |  | $       |  |       |
| Watercraft |  | [ ]  Yes [ ]  No |  | $       |  |       |
| **Does the applicant provide any service at airports?** | [ ]  Yes [ ]  No |
| **Does the applicant sell, install or service car alarm systems?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |  | Revenue : |  | $       |
| **Does the applicant sell monitoring services with the installation of alarms systems?** | [ ]  Yes [ ]  No |
| Estimated income: | $       |  | Who does the monitoring? |       |
| **Please specify the number of installers:** |       |
| Describe the minimum educational training and experience requirements: |       |
|       |

|  |  |
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| **Are jobs inspected by a supervisor or foreman?** | [ ]  Yes [ ]  No |
| If **YES**, please provide the supervisor's first and last name: |        |
| Qualifications: |        |  | Years of experience: |        |
| **What percentage of your products are made outside of North America?** |       % |
| **Does the applicant require proof of insurance from all of its suppliers?** | [ ]  Yes [ ]  No |
| If **YES**, minimum limit required: | $       |
| **Does the applicant install only ULC approved equipment:** | [ ]  Yes [ ]  No |
| If **NO**, what are product standards? |       |
|       |
| **Does the aplicant install and service according to the manufacturer's instructions?** | [ ]  Yes [ ]  No |
| If **NO**, please explain: |       |
|       |
| **How long does the applicant keep records of equipment installed and/or serviced?** |        |
| **Are both written and verbal operating instructions provided to the customer?** | [ ]  Yes [ ]  No |

 **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!