**APPLICANT**

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

**SUPPLEMENTAL QUESTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto:tot.cgl@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!