

PISTAGNESI·DOYON

AGENCE DE SOUSCRIPTION

**Professional Insurance Underwriting and
Marketing Through Service Integrity and Stability**

LOCKSMITHS SUPPLEMENTAL APPLICATION

**This Supplemental Application must be submitted along with our main
Security Service Liability Insurance Application**

Applicant name

Operations Breakdown	Estimated Gross Annual Income
Locksmiths :	\$
Card Access/Sales	\$
Installation/Maintenance	\$
Other : Describe	\$
TOTAL	\$

Do you have any formalized training procedures?

List your largest clients and the operations performed for them:

Do you provide welding services away from your premises? Yes No

If yes, provide details and safety measures taken

This Supplement attaches to and is part of the Liability application that shall form the basis of the contract, should a policy be issued.

Completion of this application does not bind the Company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the Company issue the policy.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Signature of Insured

Date

Title

SUBMITTED BY:

EMAIL: