

## CABINETMAKING SUPPLEMENT

Applicant's name:

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### PAINT BOOTH

1. Closed booth:  Yes  No  
 Dimension: \_\_\_\_\_  
 Construction \_\_\_\_\_  
 Walls: \_\_\_\_\_  
 Ceiling: \_\_\_\_\_  
 Floor: \_\_\_\_\_  
 Door: \_\_\_\_\_  
 Lighting fixtures sealed:  Yes  No  
 Ventilation \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Power : \_\_\_\_\_  
 \* Spraying chamber :  Yes  No  
 \* If Yes, describe: \_\_\_\_\_
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*\* NB. No switch, electrical outlet, or motor must be present inside the booth. The installation of a portable CO2 fire extinguisher of at least 10BC is mandatory near the booth or chamber.*

### DUST COLLECTION SYSTEMS

1. Types  
 Cyclone: \_\_\_\_\_  
 Collection chamber: \_\_\_\_\_  
 Filter purifiers: \_\_\_\_\_  
 \* Other?  Yes  No  
 \* Describe: \_\_\_\_\_
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- Connected to all appliances?  Yes  No  
 If No, which ones? \_\_\_\_\_
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- Use of dust and wood waste:  Yes  No  
 Frequency of emptying and cleaning: \_\_\_\_\_  
 Storage:  Yes  No  
 If Yes, describe: \_\_\_\_\_
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- Wood-burning appliance or incinerator:  Yes  No  
 If Yes, describe: \_\_\_\_\_
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*\* N.B. No appliance or device producing sparks must be connected to the installation of the dust collection system.*



**INFLAMMABLE LIQUIDS**

1. Quantity stored: \_\_\_\_\_  
 205 liters (45 gal.) \_\_\_\_\_  
 23 liters (5 gal.) \_\_\_\_\_  
 Types \_\_\_\_\_  
 Varnish: \_\_\_\_\_  
 Paints: \_\_\_\_\_  
 Solvents: \_\_\_\_\_  
 Thinners: \_\_\_\_\_  
 Glues: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Metal cabinet: \_\_\_\_\_  Yes  No  
 Describe: \_\_\_\_\_

U.L.C approved?  Yes  No  
 Adapted room?  Yes  No  
 If Yes, describe: \_\_\_\_\_

Separate building:  Yes  No  
 If Yes, describe: \_\_\_\_\_

**WORKSHOP**

1. Condition of premises:  
 Very clean     Clean     Fair  
 Autres | Other: \_\_\_\_\_

Frequency of cleaning: \_\_\_\_\_  
 Metal garbage cans in place?  Yes  No  
 Wood dryer?  Yes  No  
 If Yes, describe: \_\_\_\_\_

Breakdown of receipts  
 Total gross receipts: \$ \_\_\_\_\_  
 Sales receipts: \$ \_\_\_\_\_  
 Installations receipts: \$ \_\_\_\_\_  
 Service receipts: \$ \_\_\_\_\_

**DECLARATION AND SIGNATURE**

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.



It is expressly agreed that the submission, execution and/or completion of this insurance application shall not constitute acceptance of the risk by the insurer and shall not bind the insurer to issue any insurance policy, nor shall it obligate the applicant to accept coverage or to purchase any policy that may be offered.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com).