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## **COMMUNITY LIVING ASSOCIATION SUPPLEMENTAL QUESTIONNAIRE**

NOTES: This supplemental questionnaire must be completed in addition to the Specialty Lines Questionnaire.

1. Do you operate any workshops? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please advise the following:**

Number of workshops: \_\_\_\_\_

Nature of activities/operations: \_\_\_\_\_

Annual sales: \$ \_\_\_\_\_

Breakdown of sales: \_\_\_\_\_

2. Do you have any farming exposure? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please indicate the following:**

Number of acres: \_\_\_\_\_

Nature of activities/operations: \_\_\_\_\_

Annual sales: \$ \_\_\_\_\_

Breakdown of sales: \_\_\_\_\_

3. Are there any greenhouse operations? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please indicate the following:**

Annual sales: \$ \_\_\_\_\_

4. Do you provide janitorial services to others? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please indicate the following:**

Annual income: \$ \_\_\_\_\_

5. If you have entered into any contracts for services, please provide copies.

DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_