**BROKERAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Brokerage: |  |  | Name of broker: |  |
| Client code or policy number: |  |  | Date: |  |

**SECTION 1 -** **APPLICANT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: |  | | | | | | | | | | | | | | |
| Applicant’s activities: |  | |  | | Annual revenue: | | | | $ |  | | | | | |
| Mailling address: |  | | | | | | | | | | | | | | |
|  | *Civic number, street* | | | | |  | |  | | |  | |  | | |
|  | *City* | | | | |  | | *Prov* | | |  | | *Postal code* | | |
| **Contact person:** |  | | | | | | | | | | | | | | |
| Name of contact person: |  | |  | Phone number: | | | |  | | | | | | | |
| Email Address : |  | | | | | | | | | | | | | | |
| Web site: |  | | | | | | | | | | | | | | |
| **Shareholder No. 1** | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |
| *Name* |  | *Civic number, street* | | | |  | |  | | |  | |  | | |
| *Date of birth (MM/DD/YY)* |  | *City* | | | |  | | *Prov, count.* | | |  | | *Postal code* | | |
| **Shareholder No. 2** | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |
| *Name* |  | *Civic number, street* | | | |  | |  | | |  | |  | | |
| *Date of birth (MM/DD/YY))* |  | *City* | | | |  | | *Prov, count.* | | |  | | *Postal code* | | |
| **Shareholder No. 3** | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |
| *Name* |  | *Civic number, street* | | | |  | |  | | |  | |  | | |
| *Date of birth (MM/DD/YY)* |  | *City* | | | |  | | *Prov, count.* | | |  | | *Postal code* | | |
| **Criminal record** | | | | | | | | | | | | | | | |
| Have the owners, or its shareholders, ever been the subject of criminal prosecution? | | | | | | | | | | | | | | | Yes  No |
| If **YES**, specify: | |  | | | | |  | | Date: | | |  | |  | |
|  | | | | | | | | | | | | | | | |
| **Consumer proposal and bankruptcy** | | | | | | | | | | | | | | | |
| Have the owners, or its shareholders, ever gone bankrupt or been subject to an arrangement with creditors? | | | | | | | | | | | | | | | Yes  No |

**SECTION 1 – APPLICANT (continuation)**

|  |  |  |
| --- | --- | --- |
| **Consent and collection of information** | |  |
| For the submission, the applicant authorizes Groupe Totten to transmit certain confidential information to its insurers? | | Yes  No |
| To enable insurers to provide their best offer, does the applicant authorize them to check his credit information? | | Yes  No |
| Name of shareholder: |  | |

**SECTION 2 – HISTORY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Experience of the applicant** | | | | | | | | | | | | | | |
| The company has existed since: | | |  |  | | Year of incorporation: | | | | |  | | | |
| Number of year(s) in business: | | |  |  | | Number of years at this location: | | | | |  | | | |
| **Previous insurance** | | | | | | | | | | | | | | | |
| How many years has the applicant had insurance? | | | | | | | | | | | |  | | | |
| Name of present insurer: | | |  | | | | | | | | | | | |
| Effective date of insurance: | | |  |  | | Expiring premium: | | | |  | | | | |
|  | | | *MM/DD/YY* |  |  | | | | | |  | | | |
| Has any Insurer ever cancelled, restricted or refused to renew any insurance? | | | | | | | | | | | | | | | Yes  No |
| If **YES**, please explain: | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Previous loss history** | | | | | | | | | | | | | | | |
| List all claims within the last 5 years, whether settled or not. | | | | | | | | | | | | | | | |
| **Date** | |  | **Damages description** | | | | |  | **Amount paid or reserve** | | | |  | **Status** | |
|  | |  |  | | | | |  | $ |  | | |  |  | |
| *MM/DD/YY* | |  |  | | | | |  | $ |  | | |  |  | |
| *MM/DD/YY* | |  |  | | | | |  | $ |  | | |  |  | |
| *MM/DD/YY* | |  |  | | | | |  | $ |  | | |  |  | |
| *MM/DD/YY* | |  |  | | | | |  | $ |  | | |  |  | |
| *MM/DD/YY* | |  |  | | | | |  |  |  | | |  |  | |
| Is the applicant aware of any incident(s) not reported to the insurer that could give rise to a claim? | | | | | | | | | | | | | | | Yes  No |
| If **YES**, specify: | | | |  | | | | | | | | | | | |

**ADDITIONAL INFORMATION**

|  |
| --- |
|  |

**SECTION 3 – LOCATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk address: | | | | | Same as mailing address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | *Civic number, street* | | | | | | | | | | | | | | | | | |  |  |  | |  | | | | | |
|  | | | | | *City* | | | | | | | | | | | | | | | | | |  | *Prov.* |  | | *Postal code* | | | | | |
| Creditor(s): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupancy by the applicant: | | | | |  | | | | | | | | | | | |  | Area occupied by the applicant: | | | | | | | | |  | | | sq ft | | |
| Third party occupancy | | | | |  | | | | | | | | | | | |  | Area occupied by a third party(ies): | | | | | | | | |  | | | sq ft | | |
| Please specify: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Neighboring risk(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Occupancy** | | | |  | | **Distance** | | | |  | |  | | | | |  | **Occupancy** | | | | | |  | | **Distance** | | | |
| Right: |  |  | | | |  | |  | | | ft |  | | Front: | | | | |  |  | | | | | |  | |  | | | ft |
| Left: |  |  | | | |  | |  | | | ft |  | | Back: | | | | |  |  | | | | | |  | |  | | | ft |
| **Construction of the building** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year of construction: | | |  | | | |  | | Number of floor(s): | | | | | | |  | | | | |  | Last inspection: | | | | | | |  | | | |
| Building area: | | | | | | | | |  | sq ft | | |  | | Surface area of the premises: | | | | | | | | | | | | | |  | sq ft | | |
| Is the applicant's building subject to a municipal, zoning or heritage building by-law? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| If **YES**, specify: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BUILDING DETAILS AND CONSTRUCTION** | | | | | | | | | | |
| **Fondation:** | Concrete | | | Other | | If **OTHER**, specify: |  | | | |
| **Ground floor:** | Concrete | | |  | % | Wood: |  | | | % |
| If **OTHER**, specify: | |  | | | | | | | | |
| **Floor(s):** | Concrete | | |  | % | Wood: |  | | | % |
| If **OTHER**, specify: | |  | | | | | | | | |
| **Walls:** | Fire resistant | | | Brick on wood | | Wood | | Masonry | | |
|  | Fireproof | | | Other | |  | |  | | |
| If **OTHER**, specify: | |  | | | | | | | | |
| **Roof type:** | Asphalt shingles | | | Membrane | | Tar and gravel | | Other | | |
| If **OTHER**, specify: | |  | | | | | | | | |
| **Heating:** | Electric | | | Hot water | | Hot air | | | Combustible | |
|  | Other | | |  | |  | | |  | |
| If **OTHER**, specify: | | |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Combustible:** | Oil | | | | | Natural gas | Wood | Pellet heating |
|  | Other | | | | |  |  |  |
| If **OTHER**, specify: | | |  | | | | | |
| Is there auxiliary heating? | | | | | | | | Yes  No |
| If **YES**, specify: | | |  | | | | | |
| **Electricity :** | Circuit breakers | | | | | Fuses | Copper wiring | Aluminium wiring |
| **Renovations** | | | | | | | | |
| Has the building undergone major renovations? | | | | | | | | Yes  No |
| Heating: | |  | |  | Complete | | Partial | |
| Plumbing: | | *Year* | |  | Complete | | Partial | |
| Electricity: | | *Year* | |  | Complete | | Partial | |
| Roof: | | *Year* | |  | Complete | | Partial | |
|  | | *Year* | |  |  | |  | |
| **Is there a swimming pool on the premises?** | | | | | | | | Yes  No |
| **Is there an elevator on the premises?** | | | | | | | | Yes  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROTECTION AGAINST CRIME AND THEFT** | | | | |
| **Is there an alarm?** | | | | Yes  No |
|  | Connected to alarm center | Not connected/local | Company name: |  |
| **Other protection(s):** | Deadbolt | Window grill | Surveillance camera | Security guard |
|  | Exterior lighting | Safe |  |  |
| **FIRE PROTECTION** | | | | |
| **Fire:** | Fire hydrant less than 300 m | Fire station less than 8 km | Permanent firefighters | Volunteer firefighters |
|  | Unprotected sector |  |  |  |
| **Is there a fire alarm?** | | | | Yes  No |
|  | Central | Connected to alarm center | Not connected/local |  |
| Is the alarm approved according to ULC standards? | | | | Yes  No |
| Other alarm(s): | Motion detector | Heat detector | Fire alarm | Low temperature alarm |
| **Are there portable fire extinguisher(s)?** | | Yes  No | If **YES**, how many? |  |
| **Is there a sprinkler system?** | | | | Yes  No |

**REQUIRED COVERAGE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Broad Form | | Named Perils | | | Replacement Cost |  | Coinsurance Clause % |  |  | Deductible | | Limit | |
| **Building** | |  | |  | |  |  |  | % | $ |  | $ | |  |
| Tenants Improvements and Betterments | |  | |  | |  |  |  | % | $ |  | $ | |  |
| Material | |  | |  | |  |  |  | % | $ |  | $ | |  |
| **Content of Any Description** | |  | |  | |  |  |  | % | $ |  | $ | |  |
| Office Content | |  | |  | |  |  |  | % | $ |  | $ | |  |
| Stock | |  | |  | |  |  |  | % | $ |  | $ | |  |
| Computer Equipment | |  | |  | |  |  |  | % | $ |  | $ | |  |
| Contractor’s Equipment (provide list) | |  | |  | |  |  |  | % | $ |  | $ | |  |
| Miscelleneous Floter (provide list) | |  | |  | |  |  |  | % | $ |  | $ | |  |
| Tools Floater | |  | | |  |  |  |  | % | $ |  | $ | |  |
|  | | | | | | |  |  | % | $ |  | $ | |  |
|  | | | | | | |  |  | % | $ |  | $ | |  |
|  | | | | | | |  |  | % | $ |  | $ | |  |
|  | | | | | | |  |  | % | $ |  | $ | |  |
| Earthquake | |  | | |  |  |  |  | % | $ |  | $ | |  |
| Flood | |  | | |  |  |  |  | % | $ |  | $ | |  |
| Sewer Backup | |  | | |  |  |  |  | % | $ |  | $ | |  |
| **Business Interruption Insurance** | | | | | | | | | | | | | | |
|  | |  | | |  | Period |  | Coinsurance Clause % |  |  | Deductible | | | Limit |
| Profits - Broad Form | | | | |  |  |  |  | % | $ |  | $ | |  |
| Gross Rental Income - Named Perils | | | | |  |  |  |  | % | $ |  | $ | |  |
| Gross Rental Income - Broad Form | | | | |  |  |  |  | % | $ |  | $ | |  |
| Extra Expense | | | | |  |  |  |  | % | $ |  | $ | |  |
| Payroll Option | | | | |  |  |  |  | % | $ |  | $ | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Crime** | | | | | | | | | |
|  |  |  |  |  |  |  | Deductible | Limit | |
| Employee Dishonesty Form A - Coverage I | | | |  |  | $ |  | $ |  |
| Loss Inside the Premises - Coverage II-III | | | |  | On Premises | $ |  | $ |  |
|  | | | |  | Off Premises | $ |  | $ |  |
| Money Orders and Counterfeit Paper Currency - Coverage IV | | | |  |  | $ |  | $ |  |
| Depositor Forgery - Coverage V | | | |  |  | $ |  | $ |  |

**REQUIRED COVERS (continuation)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equipment Breakdown** | | | | | | | | | |
|  |  |  |  |  |  |  | Deductible | Limit | |
| **Section I**- Direct Damage | | | |  |  |  |  |  |  |
| Business Interruption/Extra Expense | | | |  |  | $ |  | $ |  |
| Hazardous Substances | | | |  |  | $ |  | $ | 100 000 |
| Error and Omission | | | |  |  | $ |  | $ | 100 000 |
| Data Restoration | | | |  |  | $ |  | $ | 25 000 |
| Green Coverage | | | |  |  | $ |  | $ | 25 000 |
| Spoilage | | | |  |  | $ |  | $ |  |
| **Section II** - Data Compromise | | | |  |  |  |  |  |  |
| Data Compromise | | | |  |  | $ |  | $ | 50 000 |
| Legal Review and Forensic I.T. Review | | | |  |  | $ |  | $ | 5 000 |
| **Section III** - Identity Recovery | | | |  |  |  |  |  |  |
| Expense Reimbursement Coverage | | | |  |  | $ |  | $ | 15 000 |
| Lost Wages and Supervision Expenses | | | |  |  | $ |  | $ | 1 000 |
| Miscellaneous Unnamed Costs | | | |  |  | $ |  | $ | 1 000 |

**SECTION 4 - LIABILITY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Commercial General Liability** | | | | | | | | | |
|  |  |  |  |  |  |  | Deductible | Limit | |
| Commercial General Liability | | Bodily injury | | | | $ |  | $ |  |
|  | | Property damage | | | | $ |  | $ |  |
|  | | Each occurrence | | | | $ |  | $ |  |
|  | | Aggregate limit | | | | $ |  | $ |  |
| Employee Benefits Extension | | Each occurrence | | | | $ |  | $ |  |
| Tenants' Legal Liability | |  |  |  |  | $ |  | $ |  |
| Personal and Advertising Injury | |  | | | | $ |  | $ |  |
| Medical Payments | |  | | | | $ |  | $ |  |
| QPF No 6 – Non-Owned Automobile Liability and endorsement | |  | | | | $ |  | $ |  |

**SECTION 5 –** **ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
|  | |
| Have owners ever been prosecuted under criminal laws? | Yes  No |
| If **YES**, join copy of criminal record. | |

**STATEMENT**

|  |  |  |
| --- | --- | --- |
| THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO INFORMATION HAS BEEN SUPPRESSED OR MISSTATED. | | |
|  |  |  |
| *Signature of applicant* |  | *MM/DD/YY* |
|  |  |  |
| *Signature of broker* |  | *MM/DD/YY* |

To send your quote request or to contact our team, write us at: [montreal@tottengroup.com](mailto:montreal@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!