**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 .
Our team will be happy to see if we can help you with your risk!