**BROKERAGE**

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

**SECTION 1 –** **APPLICANT**

|  |  |
| --- | --- |
| Name(s) of applicant: |       |
|  |       |
| Mailing address: |       |
|  | *Civic number, street*      |  |       |  |       |
|  | *City* |  | *Prov.* |  | *Postal code* |
| Number of year(s) in business: |       |  | Years of experience: |       |
| Type of finished products and wood types: |       |
|       |
| Full details of processing procedures and hazards: |       |
|       |
|       |
|       |

**SECTION 2 – DETAILS OF REQUIRED COVERAGE**

|  |  |
| --- | --- |
| How many years has the applicant had insurance? |       |
| Name of present insurer: |       |
| Effective date of insurance: |        |  | Expiring premium: | $ |       |
|  | *MM/DD/YY* |  | Target premium : | $ |       |
|  |  |  |  |  |
| Has any Insurer ever cancelled, restricted or refused to renew any insurance?  | [ ]  Yes [ ]  No |
| If **YES**, please explain: |       |

 **SECTION 3 – FINANCIALS**

|  |
| --- |
| **Description of applicant’s operations and annual revenues/sales** |
| **Activities** |  | **Estimated annual sales** |  | **Actual annual sales** |
|       |  | $  |       |  | $  |       |
|       |  | $  |       |  | $  |       |
|       |  | $  |       |  | $  |       |
|       |  | $  |       |  | $  |       |
| **List gross annual receipts for the past 3 years:** |
| 20      : | $  |       |  | 20      : | $  |       |  | 20      : | $  |       |
| Last three months financial results: | $ |       |  | Same three months last year: | $ |       |
| Volume of orders for next 6 months: | $ |       |  |  |  |  |

**SECTION 4 – BUILDINGS OR PREMISES**

|  |
| --- |
| **If more than 1(one) building, please provide COPE (Construction, Operation, Protection, Exposure) details in a seperate Excel worksheet.** |
| Risk address: | [ ]  Same as mailing address |
|  |       |
|  | *Civic number, street*      |  |       |  |       |
|  | *City* |  | *Prov.* |  | *Postal code* |
| Creditor(s), loans and amounts: |       |
| 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* |  |  |  |
| Detail the separation of buildings (please provide a plan): |       |
|       |
| Detail the separation of stock from nearest building (finished/cut timber and logs): |       |
|       |

**SECTION 5 – RISK MANAGMENT**

|  |
| --- |
| **FIRE PROTECTION** |
| **Fire:** | [ ]  Fire hydrant less than 300 m | [ ]  Fire station less than 8 km | [ ]  Permanent firefighters | [ ]  Volunteer firefighters |
|  | [ ]  Unprotected sector |  |  |  |
| Time of response (approx); |       |  | Has mill been visited by the Fire Department? | [ ]  Yes [ ]  No |
| Is there a private hydrant? | [ ]  Yes [ ]  No |
| If **NO**, what is the water supply? |       |  | How far away is the water supply? |        | ft |
| **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 |
| **Please provide a THERMOSCAN REPORT from less than 6 months ago.** |  |

|  |
| --- |
| **MAINTENANCE** |
| **How are debris removed?** |       |  | Frequency : |       |
| If this is a remain mill, is there a dust collection system? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |
| How often sawdust accumulation swept and/or cleaned? |       |
|       |
| **How many employees work on premise?** |       |  | **How many last year?** |       |
| Full time: |        |  | Part time: |        |  |  |  |
| How many days a week is the operation running? |       |  | How many hours is each shift? |       |
| Please detail the smoking regulation: |       |
|       |
| **How often is routine maintenance carried out on the equipment?** |       |
| Describe the routine maintenance procedures: |       |
|       |
|       |

 **HOT WORK/WELDING**

|  |
| --- |
| **All work using open flame or heat sources that could ignite materials in the work area e.g. welding, burning, brazing, grinding ferrous metals.** |
| Is hot work permit system in place? | [ ]  Yes [ ]  No |
| Who does the hot work/welding on site? |       |
| How often? |       |
| Please describe the procedure and the actions taken: |
| Before hot work: |       |
| During hot work: |       |
| After hot work: |       |
| Is there a permanent location designed or approved for hot work operations (such as maintenance shop of detached outside location) that is of  |
| incombustible or fire resistive construction, free from combustible and flammable content and segregated from adjacent areas? | [ ]  Yes [ ]  No |
| **Does third party welding contractors carry a Commercial General Liability with minimum limit of $1M?** | [ ]  Yes [ ]  No |
| **Is there a kiln on site?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| **Is there a burner on site?** (used for disposing of waste wood) | [ ]  Yes [ ]  No |
| Is the burner used? | [ ]  Yes [ ]  No |
| If **YES**, what is the separation from the building/stock? (provide pictures) |       |

**SECTION 6 – STATEMENT OF VALUE** (If more than 1 (one) building, please provide a details Statement of Values in an Excel worksheet)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  | Limit |
| **Building** |  |  |  |  |  |  |  |  | $  |       |
| Equipment (provide schedule) |  |  |  |  |  |  |  |  | $  |       |
| Stock |  |  |  |  |  |  |  |  | $  |       |
| Contents |  |  |  |  |  |  |  |  | $  |       |
| Mobile Equipement (provide schedule) |  |  |  |  |  |  |  |  | $  |       |
| Profits |  |  |  |  |  |  |  |  | $  |       |
| Gross Earnings |  |  |  |  |  |  |  |  | $  |       |
| Extra Expense |  |  |  |  |  |  |  |  | $  |       |
| Rental Income |  |  |  |  |  |  |  |  | $  |       |
| Office Equipment |  |  |  |  |  |  |  |  | $  |       |
|       | $ |       |
|       | $ |       |
| TOTAL INSURED VALUE |  |  |  |  |  | $ |       |

 **SECTION 7 – 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: |       |
| **Is there been any history of flood at this location?** | [ ]  Yes [ ]  No |

 **SECTION 7 –** **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* |

 **SECTION 8 – SAWMILL INSPECTION AND APPLICATION FORM (to be completed by the broker)**

|  |  |
| --- | --- |
| How long have you known the applicant? |       |
| Have you personally inspected the risk? | [ ]  Yes [ ]  No |
| How do you rate this risk? | [ ]  Excellent | [ ]  Good | [ ]  Fair | [ ]  Poor |
| Do you consider the applicant to be financially sound? | [ ]  Yes [ ]  No |
| If **YES**, please provide details. |  |

|  |
| --- |
|       |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| *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!