**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](mailto:montreal@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!