**BROKERAGE**

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

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

|  |  |
| --- | --- |
| Name of applicant: |       |
|  |       |
|  | [ ]  Partnership | [ ]  Corporation | [ ]  Joint Venture | [ ]  Other: |       |
| Mailing address: |       |
|  | *Civic number, street*      |  |       |  |       |
|  | *City* |  | *Prov* |  | *Postal code* |
| Address of applicant: | [ ]  Same as mailing address |
|  |       |
|  | *Civic number, street*      |  |       |  |       |
| Web site: | *City*      |  | *Prov* |  | *Postal code* |
| **Owners’ names, date of birth and years of experience:** |
| **First name and last name** |  | **Date of birth** |  | **Years of experience** |
|       |  |       |  |       |
|       |  | *MM/DD/YY*      |  |       |
|       |  | *MM/DD/YY*      |  |       |
|  |  | *MM/DD/YY* |  |  |
| Number of year(s) in business: |       |  | Year(s) of experience: |       |
| Description of operations: |       |
|       |
|       |
| **Specify receipts breakdown:** |
| Residential (app., home, etc.): |      | % |  | Industrial (factories, pipeline, etc.): |      | % |  | Infrastructure (bridges, roads, etc.): |      | % |
| Institutional (hospitals, schools, etc.): |      | % |  | Commercial (offices, warehouses, etc.): |      | % |  |  |  |
| If **OTHER**, specify: |       |  |      | % |
| Is the applicant a member of a professional order or association? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |

|  |  |
| --- | --- |
| Has the applicant already carried out or plans to carry out work outside of Canada in the next year? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |

**SECTION 2 - DETAILS OF REQUIRED COVERAGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Effective date of insurance: |       |  | Limit of liability: | $ |       |
|  | *MM/DD/YY*  |  |  |  |  |
| Deductible: | $ |       |  |  |  |
| Name of present insurer: |       |
| Policy number: |       |  | Expiring premium: |  | $ |       |
|  |  |  | Expiry date: |  |       |
|  |  |  |  |  | *MM/DD/YY* |
| Has any Insurer ever cancelled, restricted or refused to renew any insurance? | [ ]  Yes [ ]  No |
| If **YES**, why: |       |
|       |
| **SECTION 3 – ACTIVITIESPlease provide the relevant annual turnover and the breakdown of subcontracted work (CONTINUED NEXT PAGE)** |
| **Environmental activities** |  | **Estimated annual sales** |  | **Actual annual sales** |  | **Subcontracted work** |
| Abatement of asbestos or lead |  | $  |       |  | $  |       |  |        | % |
| Abatement of mould |  | $  |       |  | $  |       |  |        | % |
| Barrier/liner contractors |  | $  |       |  | $  |       |  |        | % |
| Dredging |  | $  |       |  | $  |       |  |        | % |
| Emergency hazardous material cleanup |  | $  |       |  | $  |       |  |        | % |
| Groundwater sampling |  | $  |       |  | $  |       |  |        | % |
| Groundwater treatment and recovery |  | $  |       |  | $  |       |  |        | % |
| Haz material cleanup, soil excavation |  | $  |       |  | $  |       |  |        | % |
| Hydrocarbon or chemical recycling/recovery |  | $  |       |  | $  |       |  |        | % |
| Mobile incinerators |  | $  |       |  | $  |       |  |        | % |
| On-site hazardous waste treatment |  | $  |       |  | $  |       |  |        | % |
| PCB oil/equipment retrofill and removal |  | $  |       |  | $  |       |  |        | % |
| Soil sampling |  | $  |       |  | $  |       |  |        | % |

|  |
| --- |
| **Please provide the relevant annual turnover and the breakdown of subcontracted work (CONTINUATION)** |
| **Environmental activities** |  | **Estimated annual sales** |  | **Actual annual sales** |  | **Subcontracted work** |
| Tank installation or removal |  | $  |       |  | $  |       |  |        | % |
| Waste storage |  | $  |       |  | $  |       |  |        | % |
| Other, specify: |  | $  |       |  | $  |       |  |        | % |
| **Activities UNRELATED to the environment** |  | **Estimated annual sales** |  | **Actual annual sales** |  | **Subcontracted work** |
| Carpentry |  | $  |       |  | $  |       |  |        | % |
| Construction management |  | $  |       |  | $  |       |  |        | % |
| Demolition or dismantling |  | $  |       |  | $  |       |  |        | % |
| Drilling |  | $  |       |  | $  |       |  |        | % |
| Electrical |  | $  |       |  | $  |       |  |        | % |
| Excavation (non hazardous)/grading |  | $  |       |  | $  |       |  |        | % |
| General contracting |  | $  |       |  | $  |       |  |        | % |
| Home Builders, Developers |  | $  |       |  | $  |       |  |        | % |
| HVAC/mechanical |  | $  |       |  | $  |       |  |        | % |
| Industrial cleaners (incl. sewer/septic) |  | $  |       |  | $  |       |  |        | % |
| Insulation |  | $  |       |  | $  |       |  |        | % |
| Logging |  | $  |       |  | $  |       |  |        | % |
| Masonry/concrete |  | $  |       |  | $  |       |  |        | % |
| Marine works |  | $  |       |  | $  |       |  |        | % |
| Oil lease |  | $  |       |  | $  |       |  |        | % |
| Maintenance operations |  | $  |       |  | $  |       |  |        | % |
| Painting |  | $  |       |  | $  |       |  |        | % |
| Pesticide, herbicide, fungicide, fertilizer application |  | $  |       |  | $  |       |  |        | % |
| Pipeline construction/cleaning |  | $  |       |  | $  |       |  |        | % |
| Plumbing |  | $  |       |  | $  |       |  |        | % |
| Roofing |  | $  |       |  | $  |       |  |        | % |
| Steel erection |  | $  |       |  | $  |       |  |        | % |
| Street and road construction |  | $  |       |  | $  |       |  |        | % |
| Other, specify: |  | $  |       |  | $  |       |  |        | % |

|  |  |
| --- | --- |
| Describe the types of work subcontracted: |       |
|       |
| **Applicant’s 3 major customers or its largest contracts:** |
| **Name** |  | **Location** |  |  | **Revenue** |  | **Types of work and services** |
|       |  |       |  | $  |       |  |       |
|       |  |       |  | $  |       |  |       |
|       |  |       |  | $  |       |  |       |
| **Does the applicant require proof of environmental liability insurance from subcontractors naming it as an additional**  |
| **Insured?**  | [ ]  Yes [ ]  No |
| If **YES**, what are the minimum limits required by the applicant? |
| Commercial General Liability: | $ |        |  | Automobile insurance: | $ |       |
| Environmental liability: | $ |       |  | Professional Liability: | $ |       |
| Does the applicant have formal contractual agreements with subcontractors? | [ ]  Yes [ ]  No |
| If **YES**, do these contracts contain contractual liability clauses and/or exemption clauses? | [ ]  Yes [ ]  No |
| If **YES**, please provide a copy of the contract. |  |
| Does the applicant have formal contractual agreements in which he assumes responsibility? | [ ]  Yes [ ]  No |
| If **YES**, please provide copies of all insurance requirements and indemnification clauses. |  |
| **Has the applicant carried out similar activities under different names?** | [ ]  Yes [ ]  No |
| If **YES**, under what name(s) and detail: |       |
|       |
| If **YES**, have these entities already been the subject of a complaint? | [ ]  Yes [ ]  No |
| If **YES**, under what name(s) and detail: |       |
|       |

 **SECTION 4 – RISK MANAGEMENT**

|  |  |
| --- | --- |
| **Does the applicant have a written employee health and safety manual?** | [ ]  Yes [ ]  No |
| Does the proponent maintain a spill prevention, control and containment plan or emergency response plan? | [ ]  Yes [ ]  No |
| If **YES**, please provide a copy of the plan. |  |
| On site, specify the measures in place for the treatment, protection against bad weather and temporary storage of waste: |
|       |
|       |

|  |  |
| --- | --- |
| Does the applicant select or recommend waste storage, landfill or disposal locations on behalf of its clients? | [ ]  Yes [ ]  No |
| If **YES**, does the applicant ensure that these locations have the required permits to accept and treat waste? | [ ]  Yes [ ]  No |
| **Information relating to incidents during transport**  |
| Total number of vehicles transporting contaminated materials: |
| 4500 kg or less: |        |  | Over 4 500 kg: |        |
| Specify the types of materials transported: |       |
|       |
|       |
| How are materials transported? |  | [ ]  Container  | [ ]  Bulk |
| What is the maximum operating radius? |        | km |
| **For what types of projects and how often does the applicant assume responsibility for transportation?** |
| **Type of project** |  | **Annual frequency** |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
| Does the applicant have a maintenance program in place for all vehicles used? | [ ]  Yes [ ]  No |
| Does the applicant provide a road safety training program to all employees? | [ ]  Yes [ ]  No |
| Does the applicant verify the driving records of all its drivers annually? | [ ]  Yes [ ]  No |

 **SECTION 5 – PREVIOUS LOSS HISTORY**

|  |  |
| --- | --- |
| **Has the applicant had any claims, including claims under another name for similar activities?** | [ ]  Yes [ ]  No |
| **List all liability 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 situation or circumstance which may give rise to a claim against him, or against any other entity or person  |
| for whom coverage is requested? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |
| If not mentioned above, detail any claim or incident related to the transport of materials over the last 5 years, for all types of policy. |
|       |
|       |  |
|       |
|       |

 **SECTION 6 –** **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*If in Company name, state position held |  | *MM/DD/YY*       |
| **The appliction must be signed by a principal, director or partner of the proposed named insured** |
|  |  |  |
|       |  |       |
| *Signature of broker* |  | *MM/DD/YY* |

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