**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* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of year(s) in business: |       |  | Year(s) of experience: |       |
| Description of operations: |       |
|       |
|       |

 **SECTION 2 - DETAILS OF REQUIRED COVERAGE**

|  |
| --- |
| **Environmental premises liability insurance** |
| Effective date of insurance: |       |  | Limit of liability: | $ |       |
|  | *MM/DD/YY*  |  |  |  |  |
| Deductible: | $ |       |  |  |  |
| Indicate the level of desired coverage: |
| [ ]  Gradual Pollution |  | [ ]  Sudden and accidental pollution (detected and reported within 120 hours) |  | [ ]  Sudden and accidental pollution(detected and reported within 240 hours) |
| [ ]  Liability coverage for any off-premises activities (detail the activities and associated annual revenues): |
|       |

|  |  |
| --- | --- |
| Name of present insurer: |       |
| Policy number: |       |  | Expiring premium: |  | $ |       |
|  |  |  | Expiry date: |  |       |
|  |  |  |  |  | *MM/DD/YY* |
| **Primary liability automobile insurance** |
| Effective date of insurance: |       |  | Primary limit: | $ |       |
| Name of present insurer: | *JJ/MM/AA*        |
| **Umbrella or excess liability automobile insurance** |
| Effective date of insurance: |       |  | Umbrella/excess limit(s): | $ |       |
| Name of present insurer: | *JJ/MM/AA*        |
| Does the policy include QEF 30 on equipment attached to the vehicle? | [ ]  Yes [ ]  No |
| **Has any Insurer ever cancelled, restricted or refused to renew any insurance?** | [ ]  Yes [ ]  No |
| If **YES**, why: |       |
|       |

 **SECTION 3 – ACTIVITIES**

|  |
| --- |
| **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      : | $ |       |

 **SECTION 4 - BUILDINGS OR PREMISES**

|  |
| --- |
| **Locations to cover** (if necessary, continue on a separate page) **(CONTINUED ON ANOTHER PAGE)** |
|  |       |  | At this location since: |       |
|  | *Address*Activity: |       |  | [ ]  Tennant  | *Year*[ ]  Owner |
|  | On-site landfill: | [ ]  Open  | [ ]  Closed  |  | [ ]  None |
|  | Specify the previous use of the location: |       |  | [ ]  None |
|  | Occupancy of neighboring risks: |       |

|  |
| --- |
| **Locations to cover** (if necessary, continue on a separate page) **(CONTINUATION)** |
| 2 |       |  | At this location since: |       |
|  | *Address*Activity: |       |  | [ ]  Tennant  | *Year*[ ]  Owner |
|  | On-site landfill: | [ ]  Open  | [ ]  Closed  |  | [ ]  None |
|  | Specify the previous use of the location: |       |  | [ ]  Aucun |
|  | Occupancy of neighboring risks: |       |
| 3 |       |  | At this location since:: |       |
|  | *Address*Activity: |       |  | [ ]  Tennant  | *Year*[ ]  Owner |
|  | On-site landfill: | [ ]  Open  | [ ]  Closed  |  | [ ]  None |
|  | Specify the previous use of the location: |       |  | [ ]  Aucun |
|  | Occupancy of neighboring risks: |       |
| 4 |       |  | At this location since: |       |
|  | *Address*Activity: |       |  | [ ]  Tennant  | *Year*[ ]  Owner |
|  | On-site landfill: | [ ]  Open  | [ ]  Closed  |  | [ ]  None |
|  | Specify the previous use of the location: |       |  | [ ]  Aucun |
|  | Occupancy of neighboring risks: |       |
| Among the locations covered, are any occupied by a company other than the applicant? | [ ]  Yes [ ]  No |
| If **YES**, list the companies and their activities: |       |
|       |  |
|       |
| **At any of the covered locations, are environmental permits required (air, discharge, hazardous waste storage)?** | [ ]  Yes [ ]  No |
| **Are there groundwater monitoring well(s) at any of the covered locations?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| **Are there incinerator(s) at any of the covered locations?** | [ ]  Yes [ ]  No |
| If **YES**, specify the age of the incinerators and the materials incinerated: |
| **Age of the incinerators** |  | **Materials incinerated** |
|       |  |       |
|       |  |       |
|       |  |       |

|  |  |
| --- | --- |
| **Among the covered locations, are there underground or above ground storage tanks?** | [ ]  Yes [ ]  No |
| If **YES**, **please complete the STORAGE TANK POLLUTION LIABILITY APPLICATION** |
| **Over the last 5 years, has the applicant modified the processes at any of the covered locations that could reduce or increase**  |
| **the risks of pollution?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| Over the next 12 months, does the applicant plan to make any changes to any of the covered locations? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| Does the applicant plan to sell or sublease any of the covered locations? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |

 **SECTION 5 – RISK MANAGEMENT**

|  |
| --- |
| **Handling of raw materials**  |
| Does the applicant directly or indirectly carry out activities related to asbestos products or waste? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| At any of the locations covered, have allegations, complaints or health problems occurred related to the presence of lead paint,  |
| asbestos or the development of pneumophila? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |
| Specify the raw materials used at the covered locations listed in **SECTION 4** |
| **Type of materials** |  | **Total annual quantity** |  | **Max. qty at any one time**  |  | **Storage** |
|       |  |       |  |       |  | [ ]  Inside [ ]  Outside [ ]  Container |
|       |  |       |  |       |  | [ ]  Inside [ ]  Outside [ ]  Container |
|       |  |       |  |       |  | [ ]  Inside [ ]  Outside [ ]  Container |
| Does the applicant store tires at any of the covered locations? | [ ]  Yes [ ]  No |
| If **YES**, complete the following table: |
| **Total qty stored per moment** |  | **Storage** |  | **Fire prevention measures in place** |
|       |  | [ ]  Inside [ ]  Outside [ ]  Container |  |       |
|       |  | [ ]  Inside [ ]  Outside [ ]  Container |  |       |
|       |  | [ ]  Inside [ ]  Outside [ ]  Container |  |       |
| **Does the applicant maintain a spill prevention, control and containment plan or emergency response plan?** | [ ]  Yes [ ]  No |
| If **YES**, please provide a copy of the plan. |  |

|  |
| --- |
| **Disposal of solid and semi-solid waste** |
| Indicate the waste disposal process at the covered locations (holding tank, deep well injection, landfill, etc.) |
| **Waste composition** |  | **Quantity of waste disposed of on site** |  | **Waste disposal method** |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
| Indicate the waste disposal process OUTSIDE THE COVERED PREMISES |
| **Waste composition** |  | **Storage period on covered premises** |  | **Storage method on covered premises** **(before transport to facilities)** |  | **Quantity stored****per year** |  | **Disposal facility name and location** |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
| Waste transportation information |
| **Name of waste transporter** |  | **Type of waste transported** |  | **Waste transported to the United States** |
|       |  |       |  | [ ]  Yes [ ]  No |
|       |  |       |  | [ ]  Yes [ ]  No |
|       |  |       |  | [ ]  Yes [ ]  No |
|       |  |       |  | [ ]  Yes [ ]  No |

|  |
| --- |
| Describe the waste treatment facilities aimed at reducing the concentration of contaminants in effluents from the covered locations: |
|       |
|       |
| At the locations covered, describe the equipment used to control atmospheric emissions: |
|       |
|       |
| At the locations covered, describe the processes used to recycle, reuse or separate substances from treated waste: |
|       |
|       |
| **Risks related to the use of vehicles** |
| **Type of vehicle** |  | **Number** |  | **Fixed equipment on vehicles** |  | **Radius of operations** |  | **Usage in the USA** |
|       |  |       |  |       |  |        | km |  | [ ]  Yes [ ]  No |
|       |  |       |  |       |  |        | km |  | [ ]  Yes [ ]  No |
|       |  |       |  |       |  |        | km |  | [ ]  Yes [ ]  No |
|       |  |       |  |       |  |        | km |  | [ ]  Yes [ ]  No |
| **Inspection of covered areas** |
| Provide the name and telephone number of each inspection contact for each covered location. |
| **First name, last name of contact person** |  | **Phone number** |
|       |  |       |
|       |  |       |
|       |  |       |
| **In the last 5 years, has the applicant or a third party investigated or conducted an environmental audit of the covered**  |
| **locations or activities of the applicant?** | [ ]  Yes [ ]  No |
| If **YES**, please provide a copy of the report. |
| Does the applicant have a committee or employees assigned to environmental protection? | [ ]  Yes [ ]  No |
| If **YES**, specify their functions and indicate their immediate superior: |
| **Employee** |  | **Fonction** |  | **Immédiat superior** |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |

|  |
| --- |
| Are there any municipal, provincial or federal standards, laws, or regulations on environmental protection that the applicant |
| cannot currently comply with? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |
| Are any of the covered locations contaminated or are waste buried there? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |

 **SECTION 6 – 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* |  |  |  |  |  |  |  |
| In the last 5 years, has the applicant been prosecuted for contravening a standard or law relating to the spill of a substance from a  |
| covered location? (into sewers, rivers, sea, air or onto land)? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |
| 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 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*If in Company name, state position held |  | *MM/DD/YY*       |
| **The application 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!