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