**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: |       |
|       |
|       |
| **Name and address of subsidiairies (domestic and foreign):** |
|       |  |       |
| *Name* |  | *Civic number, street*      |  |       |  |       |
|  |  | *City* |  | *Prov, Country* |  | *Postal code* |
|       |  |       |
| *Name* |  | *Civic number, street*      |  |       |  |       |
|  |  | *City* |  | *Prov, Country* |  | *Postal code* |
| Additionnal information: |  |       |

 **SECTION 2 - DETAILS OF REQUIRED COVERAGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Effective date of insurance: |       |  | Limit of liability: |  $  |       |
|  | *MM/DD/YY* |  |  |  |  |
| Deductible: | $ |        |  | Environmental liability limit: |  $  |       |
| 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 – ACTIVITIES**

**GENERAL LIABILITY**

|  |
| --- |
| **Please provide the relevant annual turnover and the breakdown of subcontracted work** |
| **Activities** |  | **Estimated annual sales** |  | **Actual annual sales** |  | **Subcontracted work** |
| Acoustic Floors/Tiles |  |  $ |       |  |  $ |       |  |        | % |
| Carpet cleaning |  |  $ |       |  |  $ |       |  |        | % |
| Commercial construction and renovation |  |  $ |       |  |  $ |       |  |        | % |
| Janitor (general cleaning) |  |  $ |       |  |  $ |       |  |        | % |
| Dry cleaning |  |  $ |       |  |  $ |       |  |        | % |
| Drying/Dehumidification |  |  $ |       |  |  $ |       |  |        | % |
| Electricity |  |  $ |       |  |  $ |       |  |        | % |
| General plumbing |  |  $ |       |  |  $ |       |  |        | % |
| Isolation |  |  $ |       |  |  $ |       |  |        | % |
| Painting/Tapestry |  |  $ |       |  |  $ |       |  |        | % |
| Plastering /Plaster board |  |  $ |       |  |  $ |       |  |        | % |
| Residential construction and renovation |  |  $ |       |  |  $ |       |  |        | % |
| Roofing |  |  $ |       |  |  $ |       |  |        | % |
| Wall cleaning |  |  $ |       |  |  $ |       |  |        | % |
| Waterproofing/Sealer |  |  $ |       |  |  $ |       |  |        | % |
| Other: |  |       |  |  $ |       |  |  $ |       |  |        | % |
| Total: |  |  $ |       |  |  $ |       |  |        | % |

|  |
| --- |
| **List gross annual receipts for the past 3 years:** |
| 20      : |  $ |       |  | 20      : |  $  |       |  | 20      : |  $ |       |
| Give breakdown of sales as follows: |
| Canada: |        | % |  | United States: |        | % |  | Other Countries: |        | % |
| If **OTHERS** countries, please specify: |  |        |
| **Number of employees and total annual payroll:** |
| Number of employees: |       |
| Estimated annual payroll: |  $  |       |  | Actual Payroll: |  $ |       |

**ENVIRONMENTAL RESPONSIBILITY**

|  |
| --- |
| **If the applicant is carrying out decontamination and material removal work, please provide the following details:** |
| **Activities** |  | **Estimated annual sales** |  | **Actual annual sales** |  | **Subcontracted work** |
| Asbestos |  |  $ |       |  | $ |       |  |        | % |
| Lead  |  |  $ |       |  | $ |       |  |        | % |
| Mold |  |  $ |       |  | $ |       |  |        | % |
| Oil |  |  $ |       |  | $ |       |  |        | % |
| Other:  |  |       |  | $ |         |  |  $ |       |  |        | % |
| Does the applicant do work outside Canada? | [ ]  Yes [ ]  No |
| In the presence of contaminant(s), is an independent environmental engineer or industrial hygienist responsible for the work? | [ ]  Yes [ ]  No |
| Are operations carried out in compliance with provincial regulations where the work takes place? | [ ]  Yes [ ]  No |
| Are the causes of mold corrected before removal work begins? | [ ]  Yes [ ]  No |
| **Detail procedures and protocols during handling.** |
| Asbestos |  | [ ]  Yes [ ]  No |  |       |
|  |  |  |  |       |
| Lead |  | [ ]  Yes [ ]  No |  |       |
|  |  |  |  |       |
| Mold |  | [ ]  Yes [ ]  No |  |       |
|  |  |  |  |       |
| Oil |  | [ ]  Yes [ ]  No |  |       |
|  |  |  |  |       |
|       |  |       |

|  |  |
| --- | --- |
| Are the final site cleaning criteria established before decontamination work? | [ ]  Yes [ ]  No |
| Is final site cleanup approved by a responsible engineer or hygienist? | [ ]  Yes [ ]  No |
| **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? |
| General liability: |  $ |       |  | Environmental responsibility: |  $ |       |

 **SECTION 4 – SINISTRES ANTÉRIEURS**

|  |  |
| --- | --- |
| **Has the applicant had any claims, including claims under another name for similar activities?** | [ ]  Yes [ ]  No |
| **List all general liability and environmental liability claims within the last 5 years, whether the claim has been paid 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* |  |  |  |  |  |  |
| Has a claim involving asbestos, mold or lead ever been filed in the past? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |
| Is the applicant aware of any situation or circumstance that could give rise to a claim against them, or against any other entity  |
| or person for whom coverage is requested? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |

 **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 signed in the name of a company, indicate the position occupied: |  | *MM/DD/YY*       |
| **The application must be signed by an officer, a director of the applicant 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!