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