**BROKERAGE**

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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | |  | | | | | | | | |
|  | |  | | | | | | | | |
| 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: | | $ |
| Deductible: | *MM/DD/YY*  $ |  | Water damage deductible: | | $ |
| Name of present insurer: |  | | | | |
| Policy number: |  |  | Actual premium: |  | $ |
|  |  |  | Expiry date: |  |  |
|  |  |  |  | | *MM/DD/YY* |
| Has any Insurer ever cancelled, restricted or refused to renew any insurance?  Yes  No | | | | | |
| If **YES**, please explain: |  | | | | |
|  | | | | | |

**SECTION 3 - BUILDINGS OR PREMISES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Describe all buildings owned, rented or occupied by the applicant or its subsidiaries and specify the area (square footage) and annual rent of each building:** | | | | | | | | | | |
|  |  | |  | Annual rent: | $ |  | Occupancy: |  | | |
|  | *Address*  Type of construction: |  | | | |  | Area occupied by applicant: | | | sq/ft |
|  | Adjacent exposure to applicant: |  | | | |  | Area occupied by others: | | | sq/ft |
| 2. |  | |  | Annual rent: | $ |  | Occupancy: |  | | |
|  | *Address*  Type of construction: |  | | | |  | Area occupied by applicant: | | | sq/ft |
|  | Adjacent exposure to applicant: |  | | | |  | Area occupied by others: | | | sq/ft |
| 3. |  | |  | Annual rent: | $ |  | Occupancy: |  | | |
|  | *Address*  Type of construction: |  | | | |  | Area occupied by applicant: | | | sq/ft |
|  | Adjacent exposure to applicant: |  | | | |  | Area occupied by others: | | | sq/ft |
| **Does the applicant have any interest as owner or tenant in the following?** | | | | | | | | | | |
| Freight and/or passenger elevators: | | | | | | | | | Yes  No | |
| If **YES**, specify number, type, capacity, use and location: | | | | | | |  | | | |
|  | | | | | | | | | | |
| Lot(s) | | | | | | | | | Yes  No | |
| If **YES**, specify location, area and use: | | | | | | |  | | | |
|  | | | | | | | | | | |

**SECTION 4 – ACTIVITIES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of applicant’s operations and annual revenues/sales** | | | | | | | | | | | | | | |
| **Activities** | | | | | |  | **Estimated annual sales** | | | |  | **Actual annual sales** | | |
|  | | | | | |  | $ | | | |  | $ | | |
|  | | | | | |  | $ | | | |  | $ | | |
|  | | | | | |  | $ | | | |  | $ | | |
|  | | | | | |  | $ | | | |  | $ | | |
| **NOTE: if the applicant performs installation work or after-sales service, please complete ANNEX 1 - MANUFACTURER, WHOLESALER OR RETAILER** | | | | | | | | | | | | | | |
| **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: | | | | $ | | | | |
| **Applicant’s major customers or its largest contracts:** | | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| *Client* | | |  | *Major contract(s)* | | | | | | | | | | |
| *Client* | | |  | *Major contract(s)* | | | | | | | | | | |
| *Client* | | |  | *Major contract(s)* | | | | | | | | | | |
| Was there any major contract in the last 3 years that contributed in a significant way to an increase in revenues? | | | | | | | | | | | | | | Yes  No |

**SECTION 5 - CONTRACTUAL LIABILITY**

|  |  |
| --- | --- |
| Does the applicant assume any liability by contract, verbal or written agreements? | Yes  No |
| If **YES**, attach copies of contracts or written agreements. | |

**SECTION 6 - AUTOMOBILES VEHICLES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of automobiles owned by applicant: | | | | |  | |
| Number of non-owned automobiles: | | | | |  | |
| Number of employees using their automobile for company’s business: | | | | |  | |
| Regularly: |  |  | Occasionaly: |  | |

**SECTION 7 - BASIC COVERAGE REQUIREMENTS IF AVAILABLE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Coverage** |  | **Limit** |  | **Deductible** |
| **General liability** | | | | | | |
| Yes  No |  | On an occurence basis |  | $ |  | $ |
| Yes  No |  | Products and completed operations |  | $ |  | $ |
| Yes  No |  | Personal injury |  | $ |  | $ |
| Yes  No |  | Tenant’s legal liability |  | $ |  | $ |
| **Other coverage** | | | | | | |
| Yes  No |  | Sudden and accidental pollution 120h |  | $ |  | $ |
| Yes  No |  | Errors and omissions insurance |  | $ |  | $ |
| Yes  No |  | Non-owned automobile liability |  | $ |  | $ |
| Others : |  |  | | | | |

**SECTION 8 -** **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* |  |  |  |  |  |  |

**SECTION 9 –** **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!