**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 .
Our team will be happy to see if we can help you with your risk!