**BROKERAGE**

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

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

|  |  |
| --- | --- |
| Name of applicant: |       |
|  |       |
|  | [ ]  Corporation | [ ]  Partnership | [ ]  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: |       |
| Type of event: |       |
|       |

**SECTION 2 - DETAILS OF REQUIRED COVERAGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Effective date of insurance: |       |  | Limit of liability: |  $  |       |
|  | *MM/DD/YY* |  |  |  |  |
| Deductible: | $ |       |  |  |  |
| Has any Insurer ever cancelled, restricted or refused to renew any insurance? [ ]  Yes [ ]  No  |
| If **YES**, please explain: |       |
|       |

|  |
| --- |
| **Please indicate which of the following coverages are included in the above mentioned policy:** |
| **Coverage** | **Sub-limit** | **Coverage** | **Sub-limit** |
| [ ]  Employee benefits | $ |       | [ ]  Tenants legal liability | $ |       |
| [ ]  Property damage | $ |       | [ ]  Contractual liability | $ |       |
| [ ]  Property damage (per loss) | $ |       | [ ]  Contingent employer's liability insurance | $ |       |
| [ ]  Employee as additional insureds | $ |       | [ ]  Elevators liability | $ |       |
| [ ]  Medical payments | $ |       | [ ]  Work of subcontractors | $ |       |
| [ ]  Product and completed operations | $ |       |  |       |  | $ |       |

**SECTION 3 - BUILDINGS OR PREMISES**

|  |
| --- |
| **List all buildings rented or used by the applicant and their use:** |
| 1. |       |  | Occupancy: |       |
| 2. | *Address*      |  | Occupancy: |       |
| 3. | *Address*      |  | Occupancy: |       |
|  | *Address* |  |  |  |  |

 **SECTION 4 – ACTIVITIES**

|  |  |
| --- | --- |
| Name of the event: |       |
| Address of the event: |       |
|  |       |  |       |  |       |
| Web site of the event: | *City*      |  | *Prov.* |  | *Postal code* |
| Date(s) of the event: |       |  | Duration of the event: |        |
| Has the event already occurred in the past? |  [ ]  Yes [ ]  No |
| If **YES**, for how many years? |       |
| Description of the event: |       |
|       |
|       |
| Total number of participants/day: |       |  | Total number of tickets printed: |        |
| Entrance fee: | $ |       |  |  |  |

|  |
| --- |
| **Description of the applicant's activities and estimate of gross revenue for the entire event:** |
| **Activity** |  | **Revenue** |  |
|       |  | $ |        |
|       |  | $ |        |
|       |  | $ |        |
|       |  | $ |        |
| Sale of alcohol |  | $ |        |

**SECTION 5 – RISK MANAGEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event location:** | [ ]  Inside [ ]  Outside |  | If **OUTSIDE**, will the event be on the street? | [ ]  Yes [ ]  No |
| If **YES**, specify the precautions and protections deployed for pedestrians: |       |
|       |
| **Does the event include a parade?** | [ ]  Yes [ ]  No |
| If **YES**, number of participants: |       |  | Number of floats: |        |
|  |  |  | Number of vehicules: |       |
| Are objects thrown during the parade? | [ ]  Yes [ ]  No |
| If **YES,** please specify: |       |
| **Does the event include temporary structures: stage, bleachers or platforms?** | [ ]  Yes [ ]  No |
| If there is a stage, specify the type: | [ ]  Permanente  | [ ]  Temporary |  [ ]  None |
| Who is in charge of the stage? |       |
| Who is responsible for lighting? |       |
| Will there be music? | [ ]  Yes [ ]  No |  | If **YES**, is this a live concert? | [ ]  Yes [ ]  No |
| If **YES**, specify the name and type of music: |       |
| **Does the event include fireworks, firecrackers or pyrotechnics?** | [ ]  Yes [ ]  No |
| If **YES,** specify who is responsible for the fireworks: |       |
| If **YES**, does the pyrotechnician have a license? |  [ ]  Yes [ ]  No |
| **Will there be security guards?** |  [ ]  Yes [ ]  No |
| If **YES**, number of guards: |       |  | Are the guards armed? | [ ]  Yes [ ]  No |
| Are dogs used? |  [ ]  Yes [ ]  No |
| **Does the event include inflatable games?** |  [ ]  Yes [ ]  No |
| If **YES**, does the applicant require proof of liability insurance? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **Does the event include a mechanical bull riding activity?** |  [ ]  Yes [ ]  No |
| **Will there be animals on site?** |  [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| **Does the applicant offer camping or other lodging?** |  [ ]  Yes [ ]  No |
| **Will there be any exhibitors or vendors at the event?** |  [ ]  Yes [ ]  No |
| f **YES**, does the applicant require proof of liability insurance from exhibitors or vendors? |  [ ]  Yes [ ]  No |
| If **YES**, what limit of insurance is required? | $ |       |

**SECTION 6 – CONTRACTUAL RESPONSIBILITY**

|  |  |
| --- | --- |
| Does the applicant assume responsibility through contracts or verbal or written agreements? | [ ]  Yes [ ]  No |
| If **YES**, please provide copies of contracts or written agreements. |

**SECTION 7 – ADDITIONAL QUESTIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total number of volunteers: |       |  | Number of booths/exhibitors: |       |
| **Will there be food sold on site?** | [ ]  Yes [ ]  No |
| If **YES**, who is in charge of the food? |       |
| **Will there be drinks and alcohol sold on site?** | [ ]  Yes [ ]  No |
| Will the drinks be served in plastic glasses? |  [ ]  Yes [ ]  No |
| **Does the applicant agree to sign contracts releasing its suppliers from all liability?** |  [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |  |
| If **YES**, please provide a copy of each contract. |  |
| **Does the applicant use the services of subcontractors?** | [ ]  Yes [ ]  No |
| Subcontracted work: |  |  |
| Description of subcontracted works |  | Value of subcontracted works |
|       |  | $ |       |
|       |  | $ |       |
|       |  | $ |       |
|       |  | $ |       |
| Does the applicant require proof of subcontractor liability insurance? | [ ]  Yes [ ]  No |
| If **YES**, what limit of insurance is required? |  $ |       |

 **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!