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