**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 - INFORMATION ON THE INSURANCE REQUESTED**

|  |  |
| --- | --- |
| Do all locations and activities need to be covered? | [ ]  Yes [ ]  No |
| If **NO**, specify: |       |
| **Previous Umbrella Liability Insurance** |  |
| Effective date of insurance: |       |  | Limit of Umbrella Liability: | $ |       |
|  | *MM/DD/YY* |  |  |  |  |
| Deductible: | $ |       |  | Water damage deductible/special deductible: | $ |       |
| Name of present insurer: |       |
| Policy number: |       |  | Expiring premium: | $ |        |
| **Primary insurance** |
| **Type** |  | **Insurer** |  | **Policy number** |  | **Insurance period** |  | **Limit per claim** |  | **Global limit** |  | **Annual premium** |
| **Automobile** |  |       |  |       |  |       | to |       |  | $ |       |  | $ |       |  | $ |       |
| **General Liability** |  |       |  |       |  | *MM/DD/YY*      | to | *MM/DD/YY*       |  | $ |       |  | $ |       |  | $ |       |
|       |  |       |  |       |  | *MM/DD/YY*       | to | *MM/DD/YY*       |  | $ |       |  | $ |       |  | $ |       |
|       |  |       |  |       |  | *MM/DD/YY*       | to | *MM/DD/YY*       |  | $ |       |  | $ |       |  | $ |       |
|       |  |       |  |       |  | *MM/DD/YY*       | to | *MM/DD/YY*       |  | $ |       |  | $ |       |  | $ |       |
|  |  |  |  |  |  | *MM/DD/YY* |  | *MM/DD/YY* |  |  |  |  |  |  |
| Does policies mentioned above have territorial restrictions (e.g.: American products)? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
| Indicate any limit or sub-limit different from the General Liability guarantee amount per claim: |       |
|       |
| Are all the people and companies named in the APPLICANT section covered as Named Insureds on the General Liability policy? | [ ]  Yes [ ]  No |
| Has an insurer ever refused to take out, restricted or terminated an insurance contract for the applicant? | [ ]  Yes [ ]  No |
| If **YES**, why? |       |
|       |

 **SECTION 3 – ACTIVITIES**

|  |
| --- |
| **Indicate revenues from activities, products manufactured, sold or distributed by the applicant IN CANADA, the UNITED STATES and ELSEWHERE.** |
| **Activity, product or operation completed.** |  | **Revenue in Canada** |  | **Revenue in the USA** |  | **Revenue from other countries** |
|       |  | $  |        |  | $  |        |  | *Country*      |  | $  |        |
|       |  | $  |        |  | $  |        |  | *Country*      |  | $  |        |
|       |  | $  |        |  | $  |        |  | *Country*      |  | $  |        |
|       |  | $  |        |  | $  |        |  | *Country*      |  | $  |        |
|  |  |  |  |  |  | *Country* |  |  |
| **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** specify: |       |
| Number of employees: |        |  | Actual Payroll: |  $ |       |  |  |

 **SECTION 4 – RISK DESCRIPTION**

**AUTOMOBILE GENERAL LIABILITY**

|  |
| --- |
| **Depending on the type, specify the number of vehicles owned, rented, registered in the applicant's name and specify the following details:** |
|  |  |  | **Transport of flammable, toxic or explosive material** |  | **If transporting over long distance (100 miles)** |
| **Type of vehicles** |  | **Number** | **Y/N** | **Type of material transported** |  | **Nb of vehicles** |  | **Places** |
| Private passenger automobile |  |       | [ ]  Yes [ ]  No |       |  |       |  |       |
| Light truck (4500 kg or less) |  |       | [ ]  Yes [ ]  No |       |  |       |  |       |
| Medium truck (4501 to 11 000 kg) |  |       | [ ]  Yes [ ]  No |       |  |       |  |       |
| Heavy Truck |  |       | [ ]  Yes [ ]  No |       |  |       |  |       |
| Semi-trailer truck |  |       | [ ]  Yes [ ]  No |       |  |       |  |       |
| Buses | Nb of seats : |       |  |       | [ ]  Yes [ ]  No |       |  |       |  |       |

|  |  |
| --- | --- |
| Are certain vehicles circulating in the United States | [ ]  Yes [ ]  No |
| If **YES**, are these vehicles registered in the United States? | [ ]  Yes [ ]  No |
| If **YES**, specify |       |
|       |
| Specify the main location(s) where vehicles are parked: |       |
|       |

**COMPREHENSIVE GENERAL LIABILITY**

|  |
| --- |
| **Please indicate which of the following coverage extensions are included in the above-mentioned policy:** |
| **Coverage** | **Sub-limit** | **Coverage** | **Sub-limit** |
| [ ]  Advertising Injury | $ |       | [ ]  Employer’s Liability | $ |       |
| [ ]  Blasting | $ |       | [ ]  Forest Fire Fighting Expenses | $ |       |
| [ ]  Broad Form Completed Operations | $ |       | [ ]  Non-owned Automobile | $ |       |
| [ ]  Broad Form Products | $ |       | [ ]  Occurrence Property Damage | $ |       |
| [ ]  Broad Form Property Damage | $ |       | [ ]  Personal Injury | $ |       |
| [ ]  Collapse  | $ |       | [ ]  Products/Completed Operations | $ |       |
| [ ]  Contingent Employer’s Liability  | $ |       | [ ]  Professional Exclusion Deleted or Amended | $ |       |
| [ ]  Contractual Liability | $ |       | [ ]  Tenants’ Legal Liability | $ |       |
| [ ]  Employee Benefits | $ |       | [ ]  Underpinning | $ |       |
| [ ]  Employees as Additional Insureds | $ |       | [ ]  Vendor’s Endorsement | $ |       |
| [ ]  Worldwide Territory (if **YES**, attach a copy of the endorsement) |  |       |  | $ |       |
| Is the applicant a manufacturer, wholesaler, general or specialized contractor or electrician in an agricultural environment? | [ ]  Yes [ ]  No |
| If **YES**, complete the annex corresponding to the applicant’s situation: |  |
| ANNEX 1 - MANUFACTURER, WHOLESALER OR RETAILERANNEX 2 - GENERAL CONTRACTORANNEX 3 - ROOFING CONTRACTORANNEX 4 - WELDING CONTRACTORANNEX 5 - SNOW REMOVAL CONTRACTORANNEX 6 - ELECTRICIAN CONTRACTOR IN AN AGRICULTURAL ENVIRONMENT |  |
| Does the applicant require proof of insurance from its subcontractors? | [ ]  Yes [ ]  No |
| If **YES**, minimum limit required: | $ |       |

 **ADDITIONAL DETAILS**

|  |
| --- |
| **Property not owned by the applicant** |
|  |       |  | 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 |
| **List any other property in the custody or care of the applicant (location, type of property and values):**  |
|       |
|       |
| **Is the applicant an owner, non-owner, lessee or charterer of a boat or aircraft?** | [ ]  Yes [ ]  No |
| If **YES**, specify |       |
|       |
| **Are all employees protected by the CNESST?** | [ ]  Yes [ ]  No |
| If **NO**, number of unprotected employee(s): |       |
| Specify the unprotected position(s): |       |
| If NO, does the applicant have liability insurance for employees not covered by the CNESST? | [ ]  Yes [ ]  No |
| **Is there a risk of error, omission or professional misconduct?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |
| Are these risks covered by primary insurance? | [ ]  Yes [ ]  No |
| **Is the broadcast of advertising planned during the term of the policy?** | [ ]  Yes [ ]  No |
| If **YES**, specify which type: |       |
|       |
| If **YES**, specify the distribution of budgets: |
| Television: | $ |        |  | Radio: | $ |       |   | Print media: | $ |       |
| Digital platform: | $ |        |  | Others: |       |  | $  |       |

|  |  |
| --- | --- |
| Is the applicant dealing with an advertising agency? | [ ]  Yes [ ]  No |
| If YES, do the agency’s policies cover the interests of the applicant? | [ ]  Yes [ ]  No |
| **Specify details of contracts in which the applicant assumes liability for a third party:** |
|       |
|       |
| **Does the applicant own, operate or maintain a railway?** | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |
|       |

 **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!