**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 RETAILER ANNEX 2 - GENERAL CONTRACTOR ANNEX 3 - ROOFING CONTRACTOR ANNEX 4 - WELDING CONTRACTOR ANNEX 5 - SNOW REMOVAL CONTRACTOR ANNEX 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](mailto:tot.cgl@tottengroup.com) .  
Our team will be happy to see if we can help you with your risk!