**BROKERAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Brokerage: |       |  | Name of broker: |       |
| Client code or policy number: |       |  | Date: |       |
| Since when the brokerage has known the applicant? |       |

**SECTION 1 – APPLICANT – TO BE FULLY COMPLETED**

|  |  |
| --- | --- |
| Name of applicant: |       |
|  |       |
|  | [ ]  Corporation | [ ]  Partnership | [ ]  Individual | [ ]  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* |
| **Name and address of subsidiaries (domestic and foreign):** |
|       |  |       |
| *Name* |  | *Civic number, street*      |  |       |  |       |
|  |  | *City* |  | *Prov, Country* |  | *Postal code*  |
|       |  |       |
| *Name* |  | *Civic number, street e*      |  |       |  |       |
|  |  | *City* |  | *Prov, Country* |  | *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* |  |  |
| The company exists since: |       |  | Year of incorporation: |       |
| Is the applicant a member of a trade or professional association? | [ ]  Yes [ ]  No |
| If **YES**, specify: |       |

**SECTION 2 - DETAILS OF REQUIRED COVERAG**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Effective date of insurance: |       |  | Limit of liability: | $       |
| Deductible: | *MM/DD/YY* $       |  | Water damage deductible: | $       |
| Name of present insurer: |       |
| Policy number: |       |  | 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 – ACTIVITIES**

|  |
| --- |
| **List gross annual receipts for the past 3 years:** |
| 20      : | $       |  | 20      : | $       |  | 20      : | $       |
| Specify the projected annual receipts: | $       |
| Give breakdown of projected sales as follows: |
| Canada: |       % |  | United States: |       % |  | Other Countries: |       % |
| If **OTHER** countries, please specify: |  |       |
| **Please fill in the appropriate categories and complete the corresponding questionnaire if applicable: (FOLLOWING NEXT PAGE)** |
| **Code**  |  | **Description of activities or services** |  | **Expected revenue** |  | **Expected wages** |  | **Nb of employees** |
| 1711 |  | Plumbing contractor |  | $       |  | $       |  |       |
| 1714 |  | Sprinkler systems contractor |  | $       |  | $       |  |       |
| 1715 |  | Ventilation and air conditioning contractor |  | $       |  | $       |  |       |
| 1731A |  | Electrical wiring Incl. CCTV, home automation and card access |  | $       |  | $       |  |       |
| 1731B |  | Electrical contractor - Industrial installations |  | $       |  | $       |  |       |
| 1731C |  | Electrical contractor - Residential installations |  | $       |  | $       |  |       |
| 1781A |  | Fire extinguishing equipment NOT sprinklers |  | $       |  | $       |  |       |
| 5718A |  | Central vacuum, intercoms, phones, audio systems |  | $       |  | $       |  |       |
| 7396A |  | Alarm systems dealer package |  | $       |  | $       |  |       |
| 7396B |  | Alarm systems installations/maintenance |  | $       |  | $       |  |       |
| 7396C |  | Alarm monitoring |  | $       |  | $       |  |       |
| 7396D |  | Telephone answering including paging |  | $       |  | $       |  |       |

**Please fill in the appropriate categories and complete the corresponding questionnaire if applicable: (FOLLOWING)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code**  |  | **Description of activities or services** |  | **Expected revenue** |  | **Expected wages** |  | **Nb of employees** |
| 7396E |  | Alarm monitoring - Sub-contracted |  | $       |  | $       |  |       |
| 7403A |  | Security guard - Static Type 4 |  | $       |  | $       |  |       |
| 7403B |  | Security guard including alarm response and dogs |  | $       |  | $       |  |       |
| 7403C |  | Security guard - Retail store security |  | $       |  | $       |  |       |
| 7403D |  | Security guard - Special events and concerts |  | $       |  | $       |  |       |
| 7403F |  | Concierge services |  | $       |  | $       |  |       |
| 7403G |  | Private Investigator |  | $       |  | $       |  |       |
| 7693A |  | Locksmithing |  | $       |  | $       |  |       |
| Other: |  |       |  | $       |  | $       |  |       |
|  |  | Totals: |  | $       |  | $       |  |       |
| Does the applicant advertise or sell any products or services over the Internet? | [ ]  Yes [ ]  No |
| If **YES**, please provide the web site address: |       |
| **Does the applicant provide design or consulting services for a fee?** | [ ]  Yes [ ]  No |
| Does the applicant use sub-contractors? | [ ]  Yes [ ]  No |
| If **YES**, provide revenue: |  | $       |  | Is revenue included in the table above? |  | [ ]  Yes [ ]  No |
| Does the applicant request proof of insurance from sub-contractors? | [ ]  Yes [ ]  No |
| If **YES**, minimum limit required: | $       |
| Does the applicant ever act as a sub-contractor? | [ ]  Yes [ ]  No |
| If **YES**, are these projects insured separately under a Wrap Up insurance? | [ ]  Yes [ ]  No |
| If **YES**, provide estimated revenue: | $       |
| **Does the applicant’s contracts or agreements contain the following clauses?** |
| Specific description of products or services provided | [ ]  Yes [ ]  No |
| Limitation of Liability | [ ]  Yes [ ]  No |
| Hold harmless or indemnity agreements (if **YES**, please attach copy) | [ ]  Yes [ ]  No |

**SECTION 4 – MOTOR VEHICULES**

|  |  |
| --- | --- |
| **Does the applicant operate vehicles for business that are not owned or leased in the company name?**  | [ ]  Yes [ ]  No |
| If **YES**, please provide full details |  |
| Vehicle type |  | Number |  | Maximum value |  | Estimated number of days |
| Car |  |       |  | $       |  |       |
| Van |  |       |  | $       |  |       |
| Camion |  |       |  | $       |  |       |
| Other(s) |  |       |  | $       |  |       |

**SECTION 5 – PREVIOUS LOSS HISTORY**

|  |
| --- |
| **Please provide the following details for all liability claims in the past 5 years, whether the claim has been paid or not.** |
| **Date** |  | **Description of loss** |  | **Reserve** |  | **Amount paid** |  | **Status** |
|       |  |       |  | $       |  | $       |  |       |
| *MM/DD/YY*       |  |       |  | $       |  | $       |  |       |
| *MM/DD/YY*       |  |       |  | $       |  | $       |  |       |
| *MM/DD/YY*       |  |       |  | $       |  | $       |  |       |
| *MM/DD/YY*       |  |       |  | $       |  | $       |  |       |
| *MM/DD/YY* |  |  |  |  |  |  |  |  |

**S****ECTION 6 – 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.** |
|       |  |       |

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!