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