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New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

PROTECTIVE SERVICES LIABILITY RENEWAL APPLICATION

Policy # _____

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

Name & Principal Address of Applicant: _____

Has there been any change in Ownership, Management or Operations in the past 12 months? Yes No

If yes, provide details: _____

Has there been any change in Schedule of Locations? Yes No

If yes, provide details: _____

Please provide your web-site address:

List current membership in Security or Trade Associations:

For the preceding 12 month period, what was your ACTUAL Revenue \$ _____ and ACTUAL Payroll \$ _____

ESTIMATE your Revenue and Payroll for the next 12 month period and fill in the appropriate categories below:

If your Estimated Revenue differs greatly from your Actual Revenue, please provide reason for expected increase or decrease in Revenue: _____

Industry Code	Description of Operations	Estimated annual sales or revenue	Estimated annual payroll	Actual number of employees
7403A	Security Guard Service – Static type			
7403B	Security Guard – Alarm Response including Dogs with Handlers			
7403C	Special Events Security (Concerts & Sporting Events)			
7403D	Retail Store Security			
7403E	Armed Guards			
7403F	Telephone Answering including Paging			
7403G	Private Investigator			
7403H	Alarm Monitoring Station Name _____ Is this station ULC listed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7396	Fire & Burglary Alarm Sales & Service			
1781	Fire Extinguishing Equipment excluding Sprinklers			
1714	Sprinkler Systems			
5718	Central Vac, Intercom & Audio Systems			
7693	Locksmiths, Door Locks & Hardware			
1731	Electrical Wiring, CCTV & Home Automation, Electronic Card Access			
	Other, provide full details: _____			
	Total for the next 12 month period			



Do you provide any services at Airports? Yes No If yes, Revenue \$ _____

Describe services provided _____

Do you provide Design or Consulting services for a fee? Yes No If yes, Revenue \$ _____

Describe services provided _____

Do you sell or have any plans to sell products or services outside of Canada? Yes No

Describe services sub-contracted out, if any: _____

Please provide sub-contracted revenues: \$ _____

Do you obtain certificates of insurance from all sub-contractors: Yes No

Please check only if applicable and indicate percentage of total Revenue:

- Security for Strikes or Labour Unrest _____ %
- V.I.P. Protection _____ %
- Security for Entertainment Facilities, Bars or Night Clubs _____ %
- Money Transport _____ %
- Bailiff Services _____ %
- Passenger or Luggage Screening or Security _____ %
- Fire Protection for Aircraft, Watercraft or Mobile Equipment _____ %
- Design or Consulting Services (other than incidental to your product sales or service) _____ %
- Installation of Car Alarms or GPS tracking systems _____ %
- Emergency 911 Telephone Answering _____ %
- Installation or monitoring of Temperature Alarms _____ %
- Sell, Install or Service Fire Protection or Extinguishing Systems for Sawmills _____ %

Please provide your Five Largest Clients in the last 5 years:

Client	Type of business	Revenue

Limit of Liability and deductible same as expiring OR alternate quote is required for \$ _____ with deductible of \$ _____

If not currently written or insured elsewhere, would you like a quote on Employee Dishonesty or Property Insurance? Yes No

Note: A separate application for each is required.

Declarations as Authorized Representative of the Applicant:

- I declare that the Statements contained in this Application are complete and accurate;
- I acknowledge that this Application will form the basis upon which a renewal may be issued but in no way does completion of this Application bind the Insurer, Aviva Insurance Company of Canada to continue the insurance.
- I acknowledge that Consumer and previous insurer reports containing personal, credit, factual, investigative or previous claim and loss information about the Applicant may be sought in connection with this Application for insurance or renewal, extension or variation thereof;
- I authorize Aviva Insurance Company of Canada, and its authorized representative, to collect, use and disclose personal information in connection with this Application for insurance or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud.

The policy is to be issued in: English French

Signature of Applicant: _____

Title: _____

Date: _____