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

PROTECTIVE SERVICES LIABILITY APPLICATION

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.

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.

Policy Number _____

1. Name of Applicant: (Include names of all subsidiary or affiliated companies to be insured) _____

Corporation Partnership Individual # of years in business ____ If new venture, please attach résumé for each principal

2. Head Office Mailing Address: _____

List all other locations: _____

3. Name of Principal(s) _____ Title _____ Phone No. _____

Key contact person (if not same as above) _____

4. Please provide details of your experience in this industry: _____

5. List current membership in Security or Trade Associations: _____

6. Provide your website address: _____

7. Do your contracts, sale or service 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]

8. How long do you keep customer records? _____ years (minimum 7 years are recommended)

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

Table with 3 columns: Client, Type of business, Revenue. Contains 5 rows of client information.

10. Do you sell or have any plans to sell products or services outside of Canada? [Yes/No]

If yes, Revenue \$ _____ Describe services provided: _____

11. For the preceding 12 month period, what was your ACTUAL revenue \$ _____ and ACTUAL payroll \$ _____



12. 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	Estimates annual sales or revenue	Estimates annual payroll	Actual number of employees
7403A	Security Guard Service – Static Type			
7403B	Security Guard – Alarm Response including dogs with handlers			
7403C	Retail Store Security			
7403D	Special Event Security (Concerts & Sporting Events)			
7403E	Armed Guards			
7403F	Telephone Answering including Paging			
7403G	Private Investigator			
7403H	Alarm Monitoring			
7396	Fire & Burglary Alarm Sale & Service			
1781	Fire Extinguishing Equipment excluding Sprinklers			
1714	Sprinkler Systems			
5718	Central Vac, Intercom & Audio Systems			
7693	Locksmith, Door Locks & Hardware			
1731	Electrical Wiring, CCTV & Home Automation, Electronic Card Access			
	Other, provide full details:			
	Total for the next 12 month period			

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

Describe services provided: _____

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

Describe services provided: _____

15. Do you use sub-contractors? Yes No If yes, amount \$ _____

Is revenue included in item 12? Yes No

Describe services provided by sub-contractors: _____

Do you request Proof of Insurance from sub-contractors? Yes No

If yes, minimum Liability limit required: \$ _____

16. Do you ever act as a sub-contractor? Yes No

If yes, are these projects insured separately under a Wrap Up? Yes No If yes, Revenue \$ _____

17. If you or your employees drive vehicles for business that are NOT Owned or Leased in the Company Name, please provide following details:

No of vehicles: # _____ Highest value \$ _____ Total estimated number of days # _____

18. Please provide following details of your current Liability Insurance or check here if None:

Insurer _____ Policy Period: From _____ to _____

Policy Number _____ Limits of Liability \$ _____

19. Has any insurer declined, cancelled or non-renewed any similar insurance in the past 5 years? Yes No

If Yes, provide the insurer and reason given: _____



20. Please provide the following details of ALL Liability Claims in the Past 5 Years?

DO NOT LEAVE BLANK - STATE NONE IF APPLICABLE

Date of Occurrence	Date of Claim	Insurer	Amount of Damages (if open)	Amount Paid (closed)	Description of Loss

What steps have you taken to prevent further losses from occurring? _____

21. Limit of Liability required: \$1,000,000 \$2,000,000 \$5,000,000 Other \$ _____

Deductible: \$1,000 \$2,500 \$5,000 Other \$ _____

Target or Expiring Premium: \$ _____

22. Additional Coverage: (A separate application is required for each coverage listed below)

Do you require Employee Dishonesty? Yes No

Do you require a Provincial Licensing Bond? Yes No

Do you require Property coverage? Yes No

QUESTIONS #23 TO #32 FOR INSTALLATION, MAINTENANCE & INSPECTIONS

23. Please provide split: Residential _____% Commercial _____% Industrial _____% Agricultural _____%

24. Do you sell, install or service fire protection or extinguishing systems for:

i. Sawmills Yes No

ii. Logging, Forestry, Contractors' or other Mobile Equipment Yes No

iii. Aircraft or Watercraft Yes No

If yes to any of the above, please provide Full Details and Revenue: _____

25. Do you sell, install or service car alarms or GPS tracking systems? Yes No

26. Do you install temperature alarms in livestock barns? Yes No

If yes, please estimate maximum accumulation of values \$ _____

27. Number of installers # _____ Please describe minimum training or certification: _____

Name of supervisor/foreman _____ Qualifications _____ Years experience _____

Are all jobs inspected by the supervisor/foreman? Yes No

28. What % of your security products are purchased outside of North America _____%

Do you obtain proof of insurance from all your suppliers? Yes No

29. Do you install only CSA or ULC approved electronic equipment: Yes No

If no, what are your product standards? _____

30. Do you install & service according to the manufacturer's instructions: Yes No

If no, please explain _____

31. Are both written and verbal operating instructions provided to the customer? Yes No

32. Do you subcontract alarm monitoring services? Yes No

What are the revenues \$ _____ Is revenue included under Q. 13 breakdown Yes No

If yes, please provide Name of the monitoring company: _____ Is this station ULC listed? Yes No



QUESTIONS # 33 TO #36 IF YOU ARE A MONITORING STATION OR TELEPHONE ANSWERING SERVICE – COMPLETE ONLY IF APPLICABLE

33. Please provide split: Residential _____ % Commercial _____ % Medical _____ % Agricultural _____ %

34. Please provide percentage of operations:

Alarm monitoring _____ %

Answering Service _____ %

Emergency 911 _____ % (Please attach copy of any service contract)

Paging Services _____ %

Other: please specify any other service not mentioned above: _____

35. Is your station ULC listed? Yes No

If not, is your monitoring system computerized? Yes No

If not ULC listed, please explain what standards or certification your monitoring station conforms to? _____

Do you have a backup power source? Yes No

36. Do you have a training program in place for operators? Yes No

Do you have written procedures for operators? Yes No

Do you thoroughly investigate prospective employees? Yes No

Are they bonded? Yes No

QUESTIONS #37 TO #43 FOR SECURITY GUARDS & PRIVATE INVESTIGATORS – COMPLETE ONLY IF APPLICABLE

37. Number of guards in your employ? Full Time: _____ Part Time: _____ Maximum: _____ Average: _____

Number of guards licensed to carry firearms? # _____

38. If guard dogs are used, provide number of dogs _____ & handlers _____

Who is responsible for training dogs and handlers? _____

Describe minimum training requirements: _____

List type of business where armed guards or dogs are used: _____

39. Do you Transport or Escort others transporting money, securities or valuables? Yes No

Do you provide Security for Entertainment Facilities, Bars or Night Clubs? Yes No

Do you provide Security for Power Plants, Dams, Airports and/or Cruise Ships Yes No

IF YES TO ANY OF ABOVE, PLEASE PROVIDE FULL DETAILS AND REVENUE: _____

40. Please check any of the following services provided and indicate percentage of Revenue:

Security for Strikes or Labour Unrest _____ %

V.I.P. Protection _____ %

Bailiff _____ %

Paralegal _____ %

Process Serving _____ %

Forensics Investigation _____ %



41. Describe your minimum training requirements or certification: _____

Does your pre-hiring process include a criminal background check? Yes No

42. Do you have a formal security training & procedures manual? Yes No

Do guards carry handcuffs or batons? Yes No

Do guards receive training on "use of force"? Yes No

Details of use of force training: _____

43. Which of the following methods do you use to supervise guard patrols?

- a. Watchclock service
- b. Electronic guard tour monitoring
- c. Guard's tour supervisory service

If none of the above or in addition to the above, describe any other method or procedure in place to monitor Guards' daily activities: _____

DECLARATIONS

As Authorized Representative of the Applicant:

- I declare that the Statements contained in this Application and Supplemental Questionnaires are complete and accurate;
- I acknowledge that this Application and Supplemental Questionnaires will form the basis upon which an insurance policy may be issued but in no way does completion of this Application bind the Insurer, Aviva Insurance Company of Canada to provide 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 _____

Brokers Signature _____ Date _____

Name of Insurance Brokerage

Complete address of Insurance Brokerage

Broker Email Address: _____