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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 blank lines for data entry.

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 \_\_\_\_\_