**BROKERAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client code or policy number: |  |  | Date: |  |
| Brokerage: |  |  | Name of broker: |  |

**SECTION 1 - APPLICANT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | |  | | | | | | | | |
|  | |  | | | | | | | | |
| 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* |
| **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: | | |  | | |
| Description of operations: | |  | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Name and address of subsidiairies (domestic and foreign):** | | | | | | | | | | |
|  |  |  | | | | | | | | |
| *Name* |  | *Civic number, street* | | | |  |  | |  |  |
|  |  | *City* | | | |  | *Prov, Country* | |  | *Postal code* |
|  |  |  | | | | | | | | |
| *Name* |  | *Civic number, street* | | | |  |  | |  |  |
|  |  | *City* | | | |  | *Prov, Country* | |  | *Postal code* |
| Additionnal information: |  |  | | | | | | | | |

**SECTION 2 - DETAILS OF REQUIRED COVERAGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 - BUILDINGS OR PREMISES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Describe all buildings owned, rented or occupied by the applicant or its subsidiaries and specify the area (square footage) and annual rent of each building:** | | | | | | | | | | |
|  |  | |  | Annual rent: | $ |  | Occupancy: |  | | |
|  | *Address*  Type of construction: |  | | | |  | Area occupied by applicant: | | | sq/ft |
|  | Adjacent exposure to applicant: |  | | | |  | Area occupied by others: | | | sq/ft |
| 2. |  | |  | Annual rent: | $ |  | Occupancy: |  | | |
|  | *Address*  Type of construction: |  | | | |  | Area occupied by applicant: | | | sq/ft |
|  | Adjacent exposure to applicant: |  | | | |  | Area occupied by others: | | | sq/ft |
| 3. |  | |  | Annual rent: | $ |  | Occupancy: |  | | |
|  | *Address*  Type of construction: |  | | | |  | Area occupied by applicant: | | | sq/ft |
|  | Adjacent exposure to applicant: |  | | | |  | Area occupied by others: | | | sq/ft |
| **Does the applicant have any interest as owner or tenant in the following?** | | | | | | | | | | |
| Freight and/or passenger elevators: | | | | | | | | | Yes  No | |
| If **YES**, specify number, type, capacity, use and location: | | | | | | |  | | | |
|  | | | | | | | | | | |
| Lot(s) | | | | | | | | | Yes  No | |
| If **YES**, specify location, area and use: | | | | | | |  | | | |
|  | | | | | | | | | | |

**SECTION 4 – ACTIVITIES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of applicant’s operations and annual revenues/sales** | | | | | | | | | | | | | | |
| **Activities** | | | | | |  | **Estimated annual sales** | | | |  | **Actual annual sales** | | |
|  | | | | | |  |  | | | |  |  | | |
|  | | | | | |  |  | | | |  |  | | |
|  | | | | | |  |  | | | |  |  | | |
|  | | | | | |  |  | | | |  |  | | |
| **NOTE: if the applicant performs installation work or after-sales service, please complete ANNEX 1 - MANUFACTURER, WHOLESALER OR RETAILER** | | | | | | | | | | | | | | |
| **List gross annual receipts for the past 3 years:** | | | | | | | | | | | | | | |
| 20      : | $ | |  | 20      : | | $ | |  | 20      : | | | | $ | |
| Give breakdown of sales as follows: | | | | | | | | | | | | | | |
| Canada: | % | |  | United States: | | % | |  | Other Countries: | | | | % | |
| If others countries, please specify: | | |  |  | | | | | | | | | | |
| **Number of employees and total annual payroll:** | | | | | | | | | | | | | | |
| Number of employees: | |  | | | | | | | | | | | | |
| Estimated annual payroll: | | $ | | |  | Actual Payroll: | | | | $ | | | | |
| **Applicant’s major customers or its largest contracts:** | | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| *Client* | | |  | *Major contract(s)* | | | | | | | | | | |
| *Client* | | |  | *Major contract(s)* | | | | | | | | | | |
| *Client* | | |  | *Major contract(s)* | | | | | | | | | | |
| Was there any major contract in the last 3 years that contributed in a significant way to an increase in revenues? | | | | | | | | | | | | | | Yes  No |

**SECTION 5 - CONTRACTUAL LIABILITY**

|  |  |
| --- | --- |
| Does the applicant assume any liability by contract, verbal or written agreements? | Yes  No |
| If **YES**, attach copies of contracts or written agreements. | |

**SECTION 6 - AUTOMOBILES VEHICLES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of automobiles owned by applicant: | | | | |  | |
| Number of non-owned automobiles: | | | | |  | |
| Number of employees using their automobile for company’s business: | | | | |  | |
| Regularly: |  |  | Occasionaly: |  | |

**SECTION 7 - BASIC COVERAGE REQUIREMENTS IF AVAILABLE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Coverage** |  | **Limit** |  | **Deductible** |
| **General liability** | | | | | | |
| Yes  No |  | On an occurence basis |  | $ |  | $ |
| Yes  No |  | Products and completed operations |  | $ |  | $ |
| Yes  No |  | Personal injury |  | $ |  | $ |
| Yes  No |  | Tenant’s legal liability |  | $ |  | $ |
| **Other coverage** | | | | | | |
| Yes  No |  | Sudden and accidental pollution 120h |  | $ |  | $ |
| Yes  No |  | Errors and omissions insurance |  | $ |  | $ |
| Yes  No |  | Non-owned automobile liability |  | $ |  | $ |
| Others : |  |  | | | | |

**SECTION 8 - PREVIOUS LOSS HISTORY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **List all liability claims within the last 5 years, whether settled or not.** | | | | | | |
| **Date** |  | **Damages description** |  | **Amount paid or reserve** |  | **Status** |
|  |  |  |  | $ |  |  |
| *MM/DD/YY* |  |  |  | $ |  |  |
| *MM/DD/YY* |  |  |  | $ |  |  |
| *MM/DD/YY* |  |  |  | $ |  |  |
| *MM/DD/YY* |  |  |  | $ |  |  |
| *MM/DD/YY* |  |  |  |  |  |  |

**SECTION 9 – 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* |  | *MM/DD/YY* |
|  |  |  |
| *Signature of broker* |  | *MM/DD/YY* |

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!

**ANNEXE 1 - MANUFACTURER, WHOLESALER OR RETAILER**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Not applicable** | | | | | | | | | | | |
| Give sales revenues of all products manufactured, sold or distributed by the applicant **IN CANADA, in the UNITED STATES or ELSWHERE.** | | | | | | | | | | | |
| **Product** |  | **Receipts in Canada** |  | **Receipts in USA** |  | **Receipts elswhere** | | | | | |
|  |  | $ |  | $ |  |  | | | |  | $ |
|  |  | $ |  | $ |  | *Country* | | | |  | $ |
|  |  | $ |  | $ |  | *Country* | | | |  | $ |
|  |  | $ |  | $ |  | *Country* | | | |  | $ |
|  |  | $ |  | $ |  | *Country* | | | |  | $ |
|  |  |  |  |  |  | *Country* | | | |  |  |
| Does the applicant manufacture the complete product? | | | | | | | | Yes  No | | | |
| Describe main components or materials of these products and their origin: | | | | | | | | | | | |
| **Product** |  | **Components or materials** | | | | |  | | **Origin** | | |
|  |  |  | | | | |  | |  | | |
|  |  |  | | | | |  | | *Country* | | |
|  |  |  | | | | |  | | *Country* | | |
|  |  |  | | | | |  | | *Country* | | |
|  |  |  | | | | |  | | *Country* | | |
|  |  |  | | | | |  | | *Country* | | |
| Does the applicant deliver, install or service his products after sale? | | | | | | | | Yes  No | | | |
| **If YES, complete ANNEX 2 – GENERAL CONTRACTOR** | | | | | | | |  | | | |
| Is there a quality control procedure in place? | | | | | | | | Yes  No | | | |
| If **YES**, specify: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Describe the methods used to market the applicant’s products (manufacturers’ representatives, wholesalers, retailers, internet, etc.). | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Does the applicant plan to introduce any new products over the next 12 months? | | | | | | | | | | | Yes  No |
| If **YES**, specify: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Does the applicant maintain a complete inventory records of all shipments? | | | | | | | | | | | Yes  No |
| If **YES**, specify: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Have the products of the applicant ever been subject to any investigation by government? | | | | | | | | | | | Yes  No |
| If **YES**, specify: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Have any products of the applicant ever been recalled for any reason? | | | | | | | | | | | Yes  No |
| If **YES**, specify: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Has any product of the applicant have been discontinued or sales stopped by the applicant in the last 5 years? | | | | | | | | | | | Yes  No |
| If **YES**, which product and give reasons: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Are any of the products of the applicant subject to deterioration? | | | | | | | | | | | Yes  No |
| If **YES**, over what period of time? |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Are any products of the applicant flammable or explosive? | | | | | | | | | | | Yes  No |
| If **YES**, give details: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Does the applicant issue guarantees/warranties to buyers? | | | | | | | | | | | Yes  No |
| If **YES**, for what period? |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Does the applicant have any agreements to hold vendors, distributors or others harmless from any claims or lawsuits? | | | | | | | | | | | Yes  No |
| If **YES**, attach copies of agreement. | | | | | | | | | | | |
| Are the products of the applicant accompanied by any written brochures, instructions or other written statements? | | | | | | | | | | | Yes  No |
| If **YES**, attach copies of documents. | | | | | | | | | | | |
| **Additional information** | | | | | | | | | | | |
|  | | | | | | | | | | | |

**ANNEX 2 – GENERAL CONTRACTOR**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Not applicable** | | | | | | | | | | |
| The applicant is general contractor | | | | | | | | | | Yes  No |
| The applicant is sub-contractor | | | | | | | | | | Yes  No |
| Other, specify: | |  | | | | | | | | |
| Describe the type of work performed: | |  | | | | | | | | |
|  | | | | | | | | | | |
| **Specify receipts breakdown:** | | | | | | | | | | |
| Residential : | % | |  | Commercial : | | % |  | Industrial : | % | |
| Institutional : | % | |  | Agricultural : | | % |  |  |  | |
| **Does the applicant employ professionals?** | | | | | | | | | Yes  No | |
| If **YES**, specify: | |  | | | | | | | | |
| **Provide a full description of insured’s activities off premises (i. e.: installation, etc) and the percentage of total revenues:** | | | | | | | | | | |
| Description of the activities off premises | | | | |  | Percentage of total revenues | | | | |
|  | | | | |  | % | | | | |
|  | | | | |  | % | | | | |
|  | | | | |  | % | | | | |
|  | | | | |  | % | | | | |
| **Subcontracted works:** | | | | |  |  | | | | |
| Description of subcontracted works | | | | |  | Amount of subcontracted works | | | | |
|  | | | | |  | $ | | | | |
|  | | | | |  | $ | | | | |
|  | | | | |  | $ | | | | |
|  | | | | |  | $ | | | | |
| **Is the applicant carrying out or has already carried out work in one or more of the following locations? (CONTINUED NEXT PAGE)** | | | | | | | | | | |
| Refineries | | | | Yes  No | | If **YES**, specify: |  | | | |
| Airports | | | | Yes  No | | If **YES**, specify: |  | | | |
| Mines | | | | Yes  No | | If **YES**, specify: |  | | | |
| Sawmills | | | | Yes  No | | If **YES**, specify: |  | | | |
| Ports | | | | Yes  No | | If **YES**, specify: |  | | | |
| Historical buildings | | | | Yes  No | | If **YES**, specify: |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the applicant carrying out or has already carried out work in one or more of the following locations?** **(CONTINUATION)** | | | | | | | | | | | | | | | | | |
| Residential buildings with more than 4 floors | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| Hospitals | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| Gas stations | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| Northern of Quebec | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| **Could any of your products or services be used on or in connection with?** If **YES**, please provide full details of work undertaken: | | | | | | | | | | | | | | | | | |
| Automobiles | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| Watercraft | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| Aircraft | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| Bridges, dams or tunnels | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| Pharmaceutical sector | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| Pipes for chemical discharge | | | | Yes  No | | | If **YES**, specify: | | | |  | | | | | | |
| **Indicate the percentage of the applicant’s and sub-contractors’ activities (CONTINUED NEXT PAGE)**. | | | | | | | | | | | | | | | | | |
| **Activity** | | | | | | | | | **Applicant’s activity** | | |  | **Sub-contractors’ activity** | | | | |
| Blasting | | | | | | | | | % | | |  | % | | | | |
| Excavation | | | | | | | | | % | | |  | % | | | | |
| Manual demolition | | | | | | | | | % | | |  | % | | | | |
| Mecanical demolition using heavy equipment | | | | | | | | | % | | |  | % | | | | |
| Structural erection | | | | | | | | | % | | |  | % | | | | |
| Shoring | | | | | | | | | % | | |  | % | | | | |
| Pile driving | | | | | | | | | % | | |  | % | | | | |
| Weakening of supports | | | | | | | | | % | | |  | % | | | | |
| Caisson work | | | | | | | | | % | | |  | % | | | | |
| Collapse | | | | | | | | | % | | |  | % | | | | |
| Underground | | | | | | | | | % | | |  | % | | | | |
| Roofing without heat application | | | | | | | | | % | | |  | % | | | | |
| Roofing with heat application | | | | | | | | | % | | |  | % | | | | |
| Asbestos removal | | | | | | | | | % | | |  | % | | | | |
| Welding | | | | | | | | | % | | |  | % | | | | |
| Sprinklers | | | | | | | | | % | | |  | % | | | | |
| Installations of pressurized water pumps | | | | | | | | | % | | |  | % | | | | |
| **Indicate the percentage of the applicant’s and sub-contractors’ activities (CONTINUATION)** | | | | | | | | | | | | | | | | | |
| **Activity** | | | | | | | | | **Applicant’s activity** | | |  | | **Sub-contractors’ activity** | | | |
| Work on medical gas system | | | | | | | | | % | | |  | | % | | | |
| Alarm system and/or security | | | | | | | | | % | | |  | | % | | | |
| Exterior spray painting | | | | | | | | | % | | |  | | % | | | |
| Underpinning | | | | | | | | | % | | |  | | % | | | |
| Real estate flipping | | | | | | | | | % | | |  | | % | | | |
| Houses raising | | | | | | | | | % | | |  | | % | | | |
| Sale, maintenance, installation of chimney and wood fireplace | | | | | | | | | % | | |  | | % | | | |
| Snow removal for 3rd parties | | | | | | | | | % | | |  | | % | | | |
| **If YES, please complete a SNOW REMOVAL application** | | | | | | | | |  | | |  | |  | | | |
| Removal, installation, maintenance of aboveground tanks | | | | | | | | | % | | |  | | % | | | |
| **If YES, please complete a POLLUTION application** | | | | | | | | |  | | |  | |  | | | |
| Removal, installation, maintenance of underground tanks | | | | | | | | | % | | |  | | % | | | |
| **If YES, please complete a POLLUTION application** | | | | | | | | |  | | |  | |  | | | |
| **Does the applicant ever use explosive materials or nuclear energy?** | | | | | | | | | | | | | | | | | Yes  No |
| If **YES**, specify: | | | |  | | | | | | | | | | | | | |
| **Does the applicant ever use pollutants?** | | | | | | | | | | | | | | | | Yes  No | |
| If **YES**, specify: | | | |  | | | | | | | | | | | | | |
| **Does the applicant use welding? (CONTINUED NEXT PAGE)** | | | | | | | | | | | | | | | | Yes  No | |
| On premises: | | | % | | |  | Off premises: | | | | | | | % | | | |
| If **YES**, specify: | | | |  | | | | | | | | | | | | | |
| Welding type: | Acetylene | | | | Electric | | | | | Torch | | | | | Others | | |
| If **OTHERS**, specify: | | | |  | | | | | | | | | | | | | |
| Portable extinguishers use: | | Yes  No | | | | | | Extinguisher/welder ratio: | | | | | |  | | | |
| Specifiy the security measures taken by the applicant to prevent any damage to third parties? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Pipe de-icing: | | Yes  No | | | | | | If **YES**, described the method: | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does the applicant use welding? (CONTINUATION)** | | | | | | |
| Employee with welder’s card |  | Number of years if experience |  | Number of years employed by the applicant | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
|  |  |  |  |  | | |
| **Does the applicant perform work covered by Wrap-up insurance?** | | | | | Yes  No | |
| If **YES**, what is the percentage for these works? | |  | | | | |
| **Does the applicant require proof of liability insurance?** | | | | | | Yes  No |
| If **YES**, what limit of insurance is required | | $ | | | | |

|  |
| --- |
| **Additional information** |
|  |