**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 .
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** |
|       |