

## Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

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? Yes 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			



Date:

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 Describe services provided	If yes, Revenue	\$	
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		%	
VI.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 serv	/ice)	%	
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 with deductible of	for <u>\$</u>		
If not currently written or insured elsewhere, would you like a quote on Employee Dis	shonesty or Prope	rty Insurance?	🗌 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	te;		
• I acknowledge that this Application will form the basis upon which a renewal may b Application bind the Insurer, Aviva Insurance Company of Canada to continue the in		way does completion of this	3
•I acknowledge that Consumer and previous insurer reports containing personal, cre information about the Applicant may be sought in connection with this Application for			
•I authorize Aviva Insurance Company of Canada, and its authorized representative, connection with this Application for insurance or a renewal, extension or variation the investigate and settle claims, and detect and prevent fraud.			
The policy is to be issued in:  English  French			

Signature of Applicant:

Title: