**PROTECTIVE SERVICES -** Application for Insurance

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[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

|  |
| --- |
| **APPLICANT INFORMATION** |
| Applicant(s):*Include all subsidiaries* |       |
|  |  |
|  |  |
| Website(s): |       |
|  |  |
| Risk address: |  |       |
|  |  |  |
| Year Established: |       |  |  |  |  |
|  |  |  |  |  |  |
| How many years experience does the applicant have conducting the operations in this application form? |       |  |
|  |  |
| Is the Applicant a member of any associations? If yes, state: |       | [ ]  No [ ]  Yes |
| Is the Applicant duly licensed for all operations it conducts? | [ ]  Not applicable  | [ ]  No [ ]  Yes |
| **LOSS HISTORY** |  |
|  |  |
| Has the applicant had any claims in the last five years? If so, please provide details. | [ ]  No [ ]  Yes |
| **If more than one claim, please attach details.** |  |
|  |  |
| If yes, provide details: |  |
| Date of Claim: |       |
| Nature of Claim: |       |
| Loss/Expenses Paid: |       |
| Is the Applicant aware of any circumstances that may arise in a claim? | [ ]  No [ ]  Yes |
| If Yes, Please Provide Details: |       |
|  |  |
| **PRIOR INSURANCE** |  |
| Does the applicant currently carry Commercial General Liability? | [ ]  No [ ]  Yes |
| Insurer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Premium:      \_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Does the applicant currently carry Errors & Omissions Liability?  | [ ]  No [ ]  Yes |
| Insurer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Premium:      \_\_\_\_\_\_\_\_\_\_\_\_ Policy No:      \_\_\_\_\_\_\_\_\_\_\_\_ Retroactive Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has the applicant ever had insurance cancelled, declined, or refused? | [ ]  No [ ]  Yes |
|  |  |
| If yes, please describe:  | [ ]  Due to claims record  | [ ]  Due to non payment – all outstanding premium has been paid  |
|  | [ ]  Due to non payment – there is still outstanding premium  |
|  | [ ]  Insurer was not able to write these operations | [ ]  Other  |  |
| If other, please provide details: |       |  |
| **RISK INFORMATION** |  |
| Does the Applicant: |  |
| * Obtain proof of insurance from all sub-contractors?
 | [ ]  No [ ]  Yes [ ]  N/A |
| * Enter written contracts containing hold harmless agreements in the Applicant’s favor?
 | [ ]  No [ ]  Yes |
| * Provide services to Government? (If yes, describe)
 |       | [ ]  No [ ]  Yes |
| * Provide services to Military? (If yes, describe)
 |       | [ ]  No [ ]  Yes |
| * Provide any services to airports or on airport property? (If yes, describe)
 |       | [ ]  No [ ]  Yes |
| * Sell any products or offer any services outside of Canada? (If yes, describe)
 |       | [ ]  No [ ]  Yes |
|  |  |
|   |
|  **ALARM SYSTEMS** |
| Does the Applicant operations include Alarm Systems? [ ]  No [ ]  Yes |
|  |
| Please indicate revenues derived from each of the below services that apply: |
|  | **Service** |  | **Revenues** | **Sub-contracted** |
| [ ]  | Access Control – electronic key cards, fobs, etc. |  | $       | %      |
| [ ]   | Alarm installation – Residential only |  |        |        |
|[ ]  Alarm installation – standard burglar and fire |  |        |        |
|[ ]  Alarm installation – critial systems (temperature, water level, pressure, etc.) |  |        |        |
|[ ]  Alarm monitoring – burglar and fire; residential, commercial |  |        |        |
|[ ]  Alarm monitoring – burglar and fire; farms, light industrial |  |        |        |
|[ ]  Cabling – electrical, data-tel |  |        |        |
|[ ]  Call centre – answering/paging service |  |        |        |
|[ ]  Camera Installation & Service – CCTV, surveillance systems |  |        |        |
|[ ]  Home automation – (door control, intercom, remote curtains, central vac, etc.) |  |        |        |
|[ ]  Locksmithing |  |        |        |
|[ ]  Retail sales – security equipment (surveillance, etc.) |  |        |        |
|[ ]  Consulting Fees – security, fire protection, etc. |  |        |        |
|  |
| **Does the Applicant:** |  |
| * Install only ULC (or equivalent) approved products?
 |  [ ]  No [ ]  Yes |
| * Require supervisors to inspect and sign off on all jobs?
 |  [ ]  No [ ]  Yes |
| * conduct pre-hire criminal background checks on prospective employees?
 |  [ ]  No [ ]  Yes |
| * have a privacy policy in place?
 |  [ ]  No [ ]  Yes |
|  |
| **Does the Applicant operate a monitoring station?**  |  [ ]  No [ ]  Yes |
| * Is there a reliable backup power source?
 |  [ ]  No [ ]  Yes |
| * Is a formal training program for all operators in place?
 |  [ ]  No [ ]  Yes |
| * Is it ULC listed?
 |  [ ]  No [ ]  Yes |
| * Is it located in a secured building with controlled access?
 |  [ ]  No [ ]  Yes |

|  |  |
| --- | --- |
| **FIRE SUPRESSION AND SPRINKLER SYSTEMS** |  |
| Does the Applicant operations include Fire Suppression and Sprinkler Systems? | [ ]  No [ ]  Yes |
|  |  |
| If yes, please Indicate Yes or No if the Applicant derives revenue from the following listed services. If Yes, Please provide revenue details in the input fields. |
|  | **Service** |  | **Revenues** | **Sub-contracted** |
|[ ]  Fire extinguisher sales & service |  | $      |      % |
|[ ]  Fire suppresion – extinguishing agents (buildings) |  |        |       |
|[ ]  Fire suppresion – extinguishing agents (mobile/heavy equipment) |  |        |       |
|[ ]  Sprinkler installation – new construction only |  |        |       |
|[ ]  Sprinkler installation – retrofit and maintenance |  |        |       |
|[ ]  Sprinkler inspection and testing |  |        |       |
|  |  |  |  |  |  |
| * Does the Applicant conduct any work in condominium/strata buildings?
 |  [ ]  No [ ]  Yes |
| * Does the Applicant provide any system design work?
 |  [ ]  No [ ]  Yes |
| * Are all installation and retrofit jobs signed off by a supervisor upon completion?
 |  [ ]  No [ ]  Yes |
| Please provide the split of the sprinkler revenue below based on number of stories:  |  |
| 0 to 3 Stories: |       % | 4 to 10 Stories: |       %  | Over 10 stories: |       % |
|  |  |  |  |  |  |
| **PRIVATE INVESTIGATIONS** |  |  |  |
| Does the Applicant provide Private investigation services? | [ ]  No [ ]  Yes |  |  |
|  |  |  |  |
| Please indicate revenues derived from each of the below services that apply: |
|  | **Service** |  | **Revenues** | **Sub-contracted** |
|  | Private investigation services |  | $       | %       |
|  | Consulting Fees |  |        |        |
|  | Other (describe):  |       |  |        |        |
|  |  |
| Describe the nature of work and the type of clients the Applicant serves: |
|       |
|  |  |
| **GUARD SERVICES** |  |  |  |
| Does the Applicant provide Guard Services? | [ ]  No [ ]  Yes |  |  |
|  |  |  |  |
| Please indicate revenues derived from each of the below services that apply: |
|  | **Service** |  | **Revenues** | **Sub-contracted** |
| [ ]  | Guards – offices, condominiums/apartments, parking lots |  | $       | %       |
|[ ]  Guards – retail establishments, malls |  |        |        |
|[ ]  Guards – warehouses, manufacturing, industrial settings |  |        |        |
|[ ]  Concierge Services |   |        |        |
|[ ]  Venues serving liquor (ie. beer gardens) |  |        |        |
|[ ]  Bylaw Enforcement / parking Enforcement |  |        |        |
|[ ]  Guards – armed  |  |        |        |
|[ ]  Guards – armed; cash/valuables |  |        |        |
|[ ]  Bodyguard |  |        |        |
|[ ]  Liquor licensed establishments (bars, night clubs, etc.) where the applicant is providing door entry and ejection operations (checking id, monitoring patrons etc) |  |        |        |
|[ ]  Liquor licensed establishments, where the applicant is NOT providing any door entry and ejection operations |  |        |        |
|[ ]  Consulting Fees – security and protection |  |        |        |
|  |
| **Does the applicant:** |  |
| * have a formal “use of force” protocol?
 | [ ]  No [ ]  Yes |
| * have formal training program in place?
 | [ ]  No [ ]  Yes |
| * require regular check-ins to a central station from guards during shifts?
 | [ ]  No [ ]  Yes |
| * conduct pre-hire criminal background checks on prospective employees?
 | [ ]  No [ ]  Yes |
| * have a privacy policy in place?
 | [ ]  No [ ]  Yes |
| * have any operations involving Guard Dogs?
 | [ ]  No [ ]  Yes |
| If Yes, please provide details on training requirements. |       |
|  |  |
| **OTHER SERVICES** |  |  |  |
| Does the Applicant provide any other services not previously listed in this application form? | [ ]  No [ ]  Yes |
|  |  |
| Please indiccate revenues derived from each of the below services that apply: |
|  | **Service** |  | **Revenues** | **Sub-contracted** |
|[ ]  Bailiff |  | $       | %       |
|[ ]  Debt collection |  |        |        |
|[ ]  Other (describe):  |       |  |        |        |
|  |  |  |  |
| **OPTIONAL CRIME COVERAGE** |  |
| Does the Applicant require Optional Crime Coverage? | [ ]  No [ ]  Yes |
|  |  |
|  | If yes, number of employees: |       |  |
|  |  |  |  |
| **OPTIONAL PROPERTY COVERAGE** |  |  |
| Does the Applicant require optional property coverage? | [ ]  No [ ]  Yes |
|  |  |  |
| If yes, state how much: |  |  |
|  |  |  |
| Business Personal Property (incl. Tenants Improvements) | $      | Stock / Inventory: | $      |  |
| Contents of Every Description: | $      | Miscellaneous Article Floater | $      |
| Tool Floater: | $      | Installation Floater: | $      |
| Rented, Leased & Borrowed Equipment | $      |  |  |
|  |  |  |
| Earthquake Coverage?: | [ ]  No [ ]  Yes |  |
| Flood Coverage? | [ ]  No [ ]  Yes |  |
| Sewer Back Up Coverage? | [ ]  No [ ]  Yes |  |
|  |  |  |
| **OPTIONAL ERRORS & OMISSION COVERAGE** |  |
| Does the Applicant require optional Errors & Omissions Coverage? | [ ]  No [ ]  Yes |
|  |  |
| **ISSUANCE INFORMATION** |  |
| Proposed Effective Date: |       |  |
|  |  |
| **COVERAGES** |  |
|  |  |
| Commercial General Liability - Occurrence | [ ]  $1,000,000 | [ ]  $2,000,000 | [ ]  $5,000,000 |
| Deductible | [ ]  $1,000 | [ ]  $2,500 | [ ]  $5,000 | [ ]  $10,000 |
| Tenants Legal Liability | [ ]  $500,000 | [ ]  $1,000,000 | [ ]  $2,000,000 |
| Employer’s Liability | [ ]  $1,000,000 | [ ]  $2,000,000 |  |
| Non-owned Automobile | [ ]  Not Required | [ ]  $1,000,000 | [ ]  $2,000,000 |
| Errors & Omissions – Claims made | [ ]  Not Required | [ ]  $250,000 | [ ]  $500,000 | [ ]  $1,000,000 | [ ]  $2,000,000 |
|  |  |  |  |
| **MAILING ADDRESS** |  |  |  |
| Address: |       | City: |       | Province: |       | Postcode/ZIP Code: |       |
|  |  |  |  |
| **ENTITIES** |  |  |  |
| Does the Applicant require a Waiver of Subrogation in favour of any entities? | [ ]  No [ ]  Yes |  |
|  | If yes, provide the following details: |  |  |  |
|  |  |  |  |  |
| Address: |       | City: |       | Province: |       | Postcode/ZIP Code: |       |
|  |  |  |  |  |  |  |  |
| What is the relation between the Applicant and the entities requesting Waiver of Subrogation? |  |  |
|  | [ ]  Landlord  | [ ]  Lead/ Contractor  | [ ]  Government body | [ ]  Other  |
|  |  |  |  |  |  |  |  |
| **LOSS PAYABLES** |  |  |  |  |  |  |
| Full Name or Legal Entity Name: |       |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Address: |       | City: |       | Province: |       | Postcode/ZIP Code: |       |
|  |  |  |  |  |  |  |  |
| **ADDITIONAL INSUREDS** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Name |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Address: |       | City: |       | Province: |       | Postcode/ZIP Code: |       |
|  |  |  |  |  |  |  |  |
| What is the relation between the Applicant and the additional insured entity? |  |  |
|  |  |  |
|  | [ ]  Customer of Insured | [ ]  Landlord | [ ]  Government Body | [ ]  Lead Contractor  |
|  | [ ]  Lessor/ Finance Company | [ ]  Subsidiary (100% wholly owned by Applicant)  | [ ]  Joint Venture  |
|  | [ ]  Other  | [ ]  Subsidiary (not wholly owned by Applicant)  |  |
|  |  |  |  |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used, and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.**NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder, or insurance policy.The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. |

**Applicant Signature:       Date:**

**Brokerage:       Broker ID#:**

**Broker Email:       Phone:**

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**