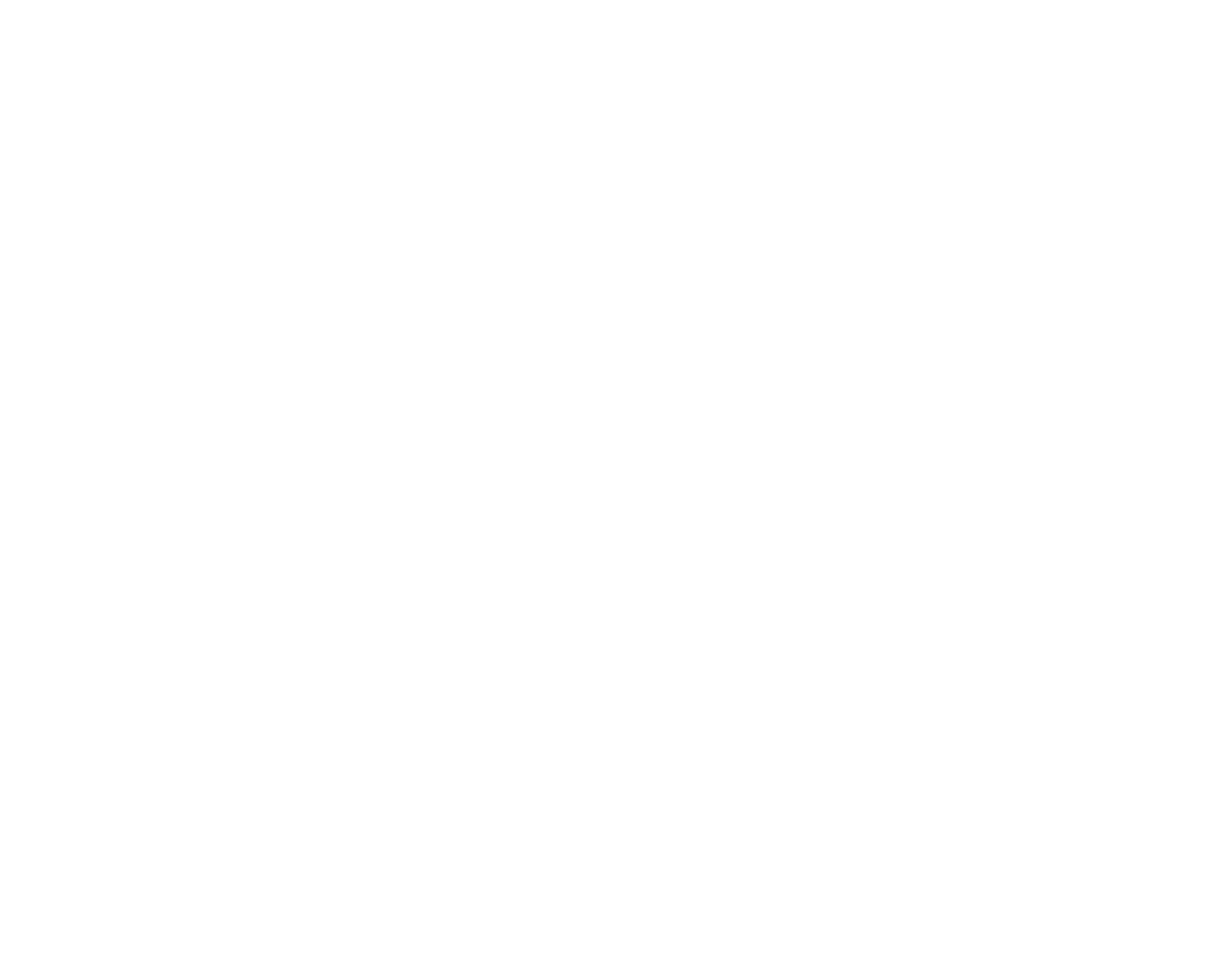
## GENERAL LIABILITY INSURANCE FOR SECURITY SERVICES PROPOSAL

Top of Form



**TSW Management Services Inc.**

International Insurance Wholesalers

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**Toll Free: 1 866 904-8146**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF LEGAL ENTITY | |  | | | | | | | | |
| MAILING ADDRESS | |  | | | | | | | | |
| HEAD OFFICE ADDRESS | | (Check if same as mailing address) | | | | | | | | |
| BSP LICENCE NO | |  | | | | | | | | |
| NEQ NO | |  | | | | | | | | |
| CONTACT PERSON | |  | | | | | | | | |
| TITLE | |  | | | | | | | | |
| TELEPHONE | |  | | | | | | | | |
| E-MAIL | |  | | | | | | | | |
| WEBSITE | |  | | | | | | | | |
|  | | | | | | | | | | |
| **DESCRIPTION OF OPERATIONS AND ASSOCIATED INCOME** | | | | | | | | | | |
| *(Please fill in the section(s) that correspond(s) to your operations.)* | | | | | | | | | | |
|  | | | | | | | | | | |
| TYPE OF OPERATION | | | | | | | APPROX. ANNUAL INCOME | | | |
| SECURITY GUARD *(fill in section “A”)* | | | | | | | $ | | | |
| PRIVATE INVESTIGATION AGENCY *(fill in section “B”)* | | | | | | | $ | | | |
| MONITORING CENTER  ONLY IF YOU OPERATE THE CONTROL CENTER *(fill in section “C”)* | | | | | | | $ | | | |
| ALARM AND FIRE PROTECTION INDUSTRY  SALES, INSTALLATION, MAINTENANCE, MANUFACTURE, ETC**.***(fill in section “D”)* | | | | | | | $ | | | |
| TELEPHONE ANSWERING SERVICE | | | | | | | $ | | | |
| SECURITY CONSULTING SERVICES | | | | | | | $ | | | |
| LOCKSMITHING (INCLUDING ACCESS CARD) | | | | | | | $ | | | |
| HOME AUTOMATION / INTERCOM | | | | | | | $ | | | |
| OTHER *(please specify)* | | | | | | | $ | | | |
| TOTAL INCOME | | | | | | | **$** | | | |
| TOTAL NUMBER OF EMPLOYEES | | | | | | | **#** | | | |
|  | | | | | | |  | | | |
| HOUSEKEEPING SERVICE *(please provide annual salaries)* | | | | | | | $ | | | |
| **COVERAGE REQUIRED** (between $1M and $10M) | | | | | | | | | | |
| LIMIT OF LIABILITY | | | $ | | | DEDUCTIBLE | | | $ | |
| IS CRIME AND EMPLOYEE DISHONESTY INSURANCE (LIMIT $25,000) REQUIRED? | | | | | | | | | Yes | No |
|  | | | | | | | | | | |
| **CURRENT GENERAL LIABILITY INSURANCE** | | | | | | | | | | |
| EXPIRY DATE | | |  | | | INSURER | | |  | |
| POLICY NO | | |  | | | | | | | |
| LIMIT | | | $ | | | DEDUCTIBLE | | | $ | |
|  | | | | | | | | | | |
| HAS INSURANCE EVER BEEN DENIED TO YOU OR CANCELLED DURING THE PAST THREE (3) YEARS? | | | | | | | | | Yes | No |
| If yes, why? | | | |  | | | | | | |
|  | | | | | | | | | | |
| **QUESTIONNAIRE** | | | | | | | | | | |
| HOW LONG HAVE YOU BEEN IN BUSINESS? | | | | | |  | | | | |
| WHAT IS YOUR OPERATING RADIUS? | | | | | |  | | | | |
| DO YOU HAVE ACTIVITIES OUTSIDE CANADA? | | | | | | | | | Yes | No |
| If yes, where and what percentage of your income do they represent? | | | | | |  | | | | |
| ARE YOU A MEMBER OF A COMMERCIAL AND / OR PROFESSIONAL ASSOCIATION? | | | | | | | | | Yes | No |
| If yes, which association(s)? | | | | | |  | | | | |
| DO YOU USE DRONES? | | | | | | | | | Yes | No |
|  | | | | | | | | | | |
| **CLAIMS HISTORY** | | | | | | | | | | |
| LIST ALL GENERAL LIABILITY CLAIMS PAID OR PENDING IN THE PAST FIVE (5) YEARS. ALSO INCLUDE ALL CLAIMS FOR LOSS OF KEYS. | | | | | | | | | | |
| DATE | AMOUNT PAID | | | | AMOUNT PENDING | | | DESCRIPTION OF LOSS | | |
|  |  | | | |  | | |  | | |
|  |  | | | |  | | |  | | |
|  |  | | | |  | | |  | | |
|  |  | | | |  | | |  | | |
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Signing this proposal does not bind either the applicant or the insurer regarding the inception of the insurance policy. However, it is understood that any information given to or requested by the insurer concerning this proposal shall be considered to form part of it. The terms and conditions, including the limits of liability, offered by the insurer may differ from what the applicant is requesting in this proposal. In addition, it is understood and agreed that, if an insurance policy is issued, it will be based on the information contained in this proposal, as well as on any information given to or requested by the insurer pursuant to this proposal. Acceptance by the applicant of the insurer’s quotation is required prior to the inception of the insurance policy, cover note and policy issue.

Statutory disclosure and fraudulent misrepresentation

In addition to the basic information provided for the purpose of placing your insurance file, as well as this insurance proposal completed by you, it is your responsibility to comply with your duty to disclose any change relevant to the risk assessment during the insurance period, including any change of which you are apprised after completing this proposal, which may influence the insurer with regard to coverage granted and the premium. Please note that if you do not disclose all such information, the insurer may be entitled to cancel the policy, in whole or in part, retroactively from its inception date, with the effect that claims will not be covered.

Please ensure that all information provided by you is complete and correct with regard to the nature of the risk, whether to your advantage or not. Any person submitting an insurance proposal containing false information or concealing or misrepresenting any circumstance or fact with the intention of deceiving the insurer commits a fraudulent offence.

I declare that I have read and understood the above.

Applicant’s initials

**Declaration and signature**

The applicant certifies that the declarations, facts and data provided in this proposal are complete and correct, and that no information has been concealed or inaccurately reported.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Title: |  |
| Name: |  | Signature: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A – SECURITY GUARDS** | | | | | | | |
| DESCRIPTION OF OPERATIONS AND ASSOCIATED INCOME | | | | | | | |
| TOTAL NUMBER OF SECURITY GUARDS EMPLOYED BY YOU (maximum and average) | | / | | | | | |
| DO YOUR EMPLOYEES CARRY FIREARMS? | | | | | Yes | | No |
| If yes, what portion of your sales is projected for these activities? | | $ | | | | | |
| NUMBER OF ARMED EMPLOYEES | |  | | | | | |
| Are employees licensed? | | Yes | No | | | | |
| DO EMPLOYEES USE GUARD DOGS? | | | | | Yes | | No |
| If yes, what portion of your sales is projected for these activities? | | $ | | | | | |
| State the number of dogs | |  | | | | | |
| Are you the owner of the dogs? | | Yes | No | | | | |
| If yes, where did you buy the dogs? | |  | | | | | |
| Do you hire the dogs? | | Yes | No | | | | |
| If yes, from whom? | |  | | | | | |
| Do you hire the dogs with a dog handler? | | Yes | No | | | | |
| If yes, from where? | |  | | | | | |
| Do you conduct other activities with dogs? | | Yes | No | | | | |
| If yes, describe? | |  | | | | | |
| DO YOU PROVIDE GUARD SERVICES IN MAJOR PUBLIC FACILITIES (SHOPPING CENTERS, BANKS, HOSPITALS, AMUSEMENT / ENTERTAINMENT FACILITIES)? | | | | | Yes | | No |
| If yes, what portion of your sales is projected for these activities? | | $ | | | | | |
| DO YOU PROVIDE GUARD SERVICES IN LOCATIONS CONTAINING HIGH-VALUE MERCHANDISE (JEWELRY STORES, WAREHOUSES, CAR PARKING FACILITIES)? | | | | | Yes | | No |
| If yes, what portion of your sales is projected for these activities? | | $ | | | | | |
| DO YOU PROVIDE GUARDING SERVICES IN LOCATIONS WITH A LOT OF CASH ON SITE (BINGO HALLS, CASINOS, WAREHOUSE SALES)? | | | | | Yes | | No |
| If yes, what portion of your sales is projected for these activities? | | $ | | | | | |
| DO YOU PROVIDE GUARD SERVICES AT CONCERTS, SPORTING EVENTS, BARS, DISCOTHEQUES OR FESTIVALS? | | | | | Yes | | No |
| If yes, what portion of your sales is projected for these activities? | | $ | | | | | |
| DO YOU OFFER SAFEKEEPING SERVICES OF MONEY OR SECURITIES OR VALUABLES TO CLIENTS OPERATING BUSINESSES SUCH AS LISTES IN H) ABOVE? | | | | | Yes | | No |
| If yes, describe the operations available | |  | | | | | |
| If yes, what portion of your sales is projected for these activities? | | $ | | | | | |
| DO YOU WANT COVERAGE FOR MONEY, SECURITIES AND VALUABLES (CRIME INSURANCE)? | | | | | Yes | | No |
| DO YOU PROVIDE GUARD SERVICES AT AIRPORTS? | | | | | Yes | | No |
| If yes, describe the operations available | |  | | | | | |
| If yes, what portion of your sales is projected for these activities? | | $ | | | | | |
|  | | | | | | | |
| APPLICANT’S INITIALS | | | | |  | | |
| DO YOU PROVIDE THE FOLLOWING SERVICES: | | | | | | | |
| BODYGUARD / GUIDE SERVICES | | | | | Yes | | No |
| PROTECTION FOR VIPs | | | | | Yes | | No |
| SECURITY SERVICES DURING STRIKES | | | | | Yes | | No |
| VALET SERVICE | | | | | Yes | | No |
| DO YOU HAVE ACTIVITIES OUTSIDE CANADA? | | | | | Yes | | No |
| If yes, where | |  | | | | | |
|  | | | | | | | |
| **QUESTIONNAIRE** | | | | | | | |
| NUMBER OF YEARS THAT YOUR AGENCY HAS OFFERED GUARD SERVICES |  | | | | | | |
| ARE THE GUARDS SUPERVISED? | | | | Yes | | No | |
| DO THEY REPORT TO A MONITORING CENTER? | | | | Yes | | No | |
| DO ALL YOUR GUARDS HAVE A BSP LICENSE? | | | | Yes | | No | |
| If not, what is the minimum training required? |  | | | | | | |
| DO YOU HAVE A STANDARD TRAINING PROCEDURE OR A DETAILED EMPLOYEE MANUAL WHICH INCLUDES THE RULES FOR THE USE OF FORCE? | | | | Yes | | No | |
| DO YOU AUTHORIZE YOUR GUARDS TO DRIVE CLIENTS’ VEHICLES? | | | | Yes | | No | |
| If yes, in which context? |  | | | | | | |
| DO YOU SUBCONTRACT WORK? | | | | Yes | | No | |
| If yes, what portion of sales involves subcontracting? | | $ | | | | | |
| Do you ask for proof of general liability insurance from subcontractors? | | Yes | No | | | | |
|  | | | | | | | |
| APPLICANT’S INITIALS | | | | |  | | |

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| **SECTION B – PRIVATE INVESTIGATION AGENCY** | | | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS AND ASSOCIATED INCOME | | | | | | | | | | | | | | |
| OPERATIONS | DESCRIPTION | | | | | | | | | | | INCOME | | |
| INVESTORS |  | | | | | | | | | | | $ | | |
| INSURANCE COMPANIES |  | | | | | | | | | | | $ | | |
| LEGAL SERVICES |  | | | | | | | | | | | $ | | |
| MATRIMONIAL |  | | | | | | | | | | | $ | | |
| EMPLOYERS |  | | | | | | | | | | | $ | | |
| OTHER (describe) |  | | | | | | | | | | | $ | | |
| TOTAL INCOME | | | | | | | | | | | | $ | | |
|  | | | | | | | | | | | | | | |
| **QUESTIONNAIRE** | | | | | | | | | | | | | | |
| NUMBER OF YEARS THAT YOU HAVE BEEN PROVIDING INVESTIGATIVE SERVICES | |  | | | | | | | | | | | | |
| TOTAL NUMBER OF EMPLOYEES ASSIGNED TO THIS SERVICE | | FULL TIME | | | | | | | | | PART TIME | | | |
|  | | | | | | | | |  | | | |
| DO ALL YOUR INVESTIGATORS HAVE A BSP LICENSE? | | | | | | | | | | | Yes | No | | |
| If not, what is the minimum training required? | |  | | | | | | | | | | | | |
| DO YOUR EMPLOYEES CARRY FIREARMS? | | | | | | | | | | | Yes | No | | |
| If yes, what portion of your sales is represented by this service? | | | | | $ | | | | | | | | | |
| Describe in which context / operations | | | | |  | | | | | | | | | |
| DO YOU HAVE A STANDARD TRAINING PROCEDURE OR A DETAILED EMPLOYEE MANUAL WHICH INCLUDES THE RULES FOR THE USE OF FORCE? | | | | | | | | | | | Yes | No | | |
| DO YOU DOCUMENT CLIENT FILES AND DO YOU PREPARE OBSERVATION REPORTS? | | | | | | | | | | | Yes | No | | |
| DO YOU USE AUDIO / VIDEO RECORDING SYSTEMS? | | | | | | | | | | | Yes | No | | |
| If yes, are they installed on the property of suspects? | |  | | | | | | | | | | | | |
| IS CLIENTS’ CREDIBILITY ASSESSED? | | | | | | | | | | | Yes | No | | |
| DO YOU HAVE ACTIVITIES OUTSIDE CANADA? | | | | | | | | | | | Yes | No | | |
| If yes, where | | | | |  | | | | | | | | | |
| DO YOU SUBCONTRACT WORK? | | | | | | | | | | | Yes | No | | |
| If yes, please provide the names of said subcontractors | | | | |  | | | | | | | | | |
| If yes, which types of activities are subcontracted? | | | | |  | | | | | | | | | |
| What portion of your sales involves subcontractors? | | | | | $ | | | | | | | | | |
| Do you ask for proof of general liability insurance from subcontractors? | | | | | Yes | | | No | | | | | |
| APPLICANT’S INITIALS | | | | | | | | | |  | | | |
| **SECTION C – MONITORING CENTER** | | | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS AND ASSOCIATED INCOME | | | | | | | | | | | | | | |
| OPERATIONS | | | | | | | | | | | INCOME | | | |
| HOME SURVEILLANCE | | | | | | | | | | | $ | | | |
| COMMERCIAL SURVEILLANCE | | | | | | | | | | | $ | | | |
| INDUSTRIAL SURVEILLANCE | | | | | | | | | | | $ | | | |
| TOTAL INCOME | | | | | | | | | | | $ | | | |
|  | | | | | | | | | | | | | | |
| **QUESTIONNAIRE** | | | | | | | | | | | | | | |
| DO YOU PROVIDE SURVEILLANCE SERVICES FOR: | | | | | | | | | | | INCOME | | | |
| FARMS / BREEDING FARMS / SAWMILLS | | | Yes | | | | No | | | | $ | | | |
| FURRIERS / JEWELLERS | | | Yes | | | | No | | | | $ | | | |
| FINANCIAL INSTITUTIONS | | | Yes | | | | No | | | | $ | | | |
| MAJOR PUBLIC SERVICES (SCHOOLS, HOSPITALS, AIRPORTS, PUBLIC TRANSPORTATION, BANKS, AMUSEMENT / ENTERTAINEMENT VENUES, UTILITIES (WATER, ELECTRICITY, ETC.)) | | | Yes | | | | No | | | | $ | | | |
| FORWARDING WAREHOUSES | | | Yes | | | | No | | | | $ | | | |
| WATER DAMAGE PREVENTION SYSTEMS | | | Yes | | | | No | | | | $ | | | |
| TEMPERATURE CONTROL SYSTEMS | | | Yes | | | | No | | | | $ | | | |
| DO YOU ANSWER 911 CALLS? | | | | | | | | | | | Yes | | No | |
| IS YOUR MONITORING CENTER “ULC” APPROVED? | | | | | | | | | | | Yes | | No | |
| If yes, what level? | | | |  | | | | | | | | | | |
| DO YOU HAVE WRITTEN INSTRUCTIONS FOR YOUR OPERATORS? | | | | | | | | | | | Yes | | No | |
| DO YOU HAVE CLIENTS OUTSIDE CANADA? | | | | | | | | | | | Yes | | No | |
| If yes, where and for what type of clients? | | |  | | | | | | | | | | | |
| IS ACCESS TO THE MONITORING CENTER STRICTLY CONTROLLED? | | | | | | | | | | | Yes | | No | |
| WHAT IS THE MINIMUM NUMBER OF EMPLOYEES IN THE CONTROL MONITORING AT ALL TIMES? | | |  | | | | | | | | | | | |
| DO YOU HAVE AN ADDITIONAL (EMERGENCY) SOURCE OF POWER FOR THE MONITORING CENTER? | | | | | | | | | | | Yes | | No | |
| DESCRIBE THE PROCEDURE FOR COMPUTER FAILURE / POWER OUTAGE | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| APPLICANT’S INITIALS | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| DO YOU HAVE A BACKUP AGREEMENT WITH AN EXTERNAL COMPANY? | | | | | | | | | | | Yes | | No | |
| DO YOU HAVE A PROTECTION SYSTEM (PROTOCOLS) IN PLACE AGAINST CYBER RISKS? | | | | | | | | | | | Yes | | No | |
| DO YOU ASK YOUR INSTALLERS OR INDEPENDENT CONTRACTORS FOR PROOF OF GENERAL LIABILITY INSURANCE? | | | | | | | | | | | Yes | | No | |
| DO YOU SUBCONTRACT SURVEILLANCE? | | | | | | | | | | | Yes | | No | |
| If yes, why? | | | |  | | | | | | | | | | |
| What portion of your sales involves subcontracting? | | | | $ | | | | | | | | | | |
| Do you ask subcontractors for proof of general liability insurance? | | | | | | Yes | | | No | | | | | |
|  | | | | | | | | | | | | | | |
| APPLICANT’S INITIALS | | | | | | | | | | |  | | | |
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| **SECTION D – ALARM AND FIRE PROTECTION INDUSTRY**  **SALES, INSTALLATION, MAINTENANCE, MANUFACTURE** | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS AND ASSOCIATED INCOME | | | | | | | | | | |
| OPERATIONS |  | | | | | | | | INCOME | |
| THEFT AND FIRE ALARM SYSTEM | Manufacture | | | | | | | | $ | |
| Distribution / Sales | | | | | | | | $ | |
| Installation / Maintenance / Inspection | | | | | | | | $ | |
| FIRE PROTECTION SYSTEM | Manufacture | | | | | | | | $ | |
| Distribution / Sales | | | | | | | | $ | |
| Installation / Maintenance / Inspection | | | | | | | | $ | |
| CAMERA | Manufacture | | | | | | | | $ | |
| Distribution / Sales | | | | | | | | $ | |
| Installation / Maintenance / Inspection | | | | | | | | $ | |
| TOTAL INCOME | | | | | | | | | $ | |
| WHAT PERCENTAGE OF YOUR INCOME IS | | Residential: % | | | | | | Commercial: % | | |
|  | | | | | | | | | | |
| **QUESTIONNAIRE** | | | | | | | | | | |
| DO YOU SUBCONTRACT SURVEILLANCE? | | | | | | | Yes | | | No |
| If yes, to which monitoring centers? | | |  | | | | | | | |
| What portion of your sales is subcontracted? | | | $ | | | | | | | |
| DO YOU SUBCONTRACT INSTALLATION? | | | | | | | Yes | | | No |
| If yes, what portion of your sales does this represent? | | | $ | | | | | | | |
| Do you ask for proof of general liability insurance from subcontractors? | | | | Yes | | No | | | | |
| DO YOU DO WORK RELATED TO: | | | | | | | | INCOME | | |
| FARMS / BREEDING FARMS / SAWMILLS | | Yes | | | No | | | $ | | |
| FURRIERS / JEWELLERS | | Yes | | | No | | | $ | | |
| FINANCIAL INSTITUTIONS | | Yes | | | No | | | $ | | |
| MAJOR PUBLIC SERVICES (SCHOOLS, HOSPITALS, AIRPORTS, PUBLIC TRANSPORTATION, BANKS, AMUSEMENT / ENTERTAINEMENT VENUES, UTILITIES (WATER, ELECTRICITY, ETC.)) | | Yes | | | No | | | $ | | |
| WATER DAMAGE PREVENTION SYSTEMS | | Yes | | | No | | | $ | | |
| FORESTRY EQUIPMENT | | Yes | | | No | | | $ | | |
| HEAVY MACHINERY | | Yes | | | No | | | $ | | |
| BOATS | | Yes | | | No | | | $ | | |
| AIRPORTS | | Yes | | | No | | | $ | | |
| TEMPERATURE CONTROL SYSTEMS | | Yes | | | No | | | $ | | |
| INSTALLATION OF SPRINKLERS | | Yes | | | No | | | $ | | |
| HOW LONG HAS YOUR FIRM INSTALLED SYSTEMS? | |  | | | | | | | | |
| DO YOU HAVE THE AUTHORITY TO GIVE INSTRUCTIONS FROM YOUR CLIENTS TO THE MONITORING CENTER? | | | | | | | Yes | | | No |
|  | | | | | | | | | | |
| APPLICANT’S INITIALS | | | | | | | |  | | |
|  | | | | | | | | | | |