

PISTAGNESI-DOYON

Protective service liability application

Name of Applicant: _____

Address of Applicant: Street _____

City _____

Province _____ Postal code _____

Website or email: _____

Effective policy period of _____ to _____

Amount of excess insurance required _____ \$

Current insurer _____

Premium _____ \$

Deductible _____ \$

1. Number of years in business _____

If you have been in business for less than 5 years, describe your previous experience:

2. Has an insurer cancelled or refused to insure you in the last 5 years?

Oui Non Si oui, précisez :

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3. Full description of all operations:

4. Are you a member of a trade or professional association? Yes No If yes, please specify:

5. List of all subsidiary and affiliated companies:

Name of company	Description of operations/products	Country of incorporation	Annual gross revenue
			\$
			\$
			\$
			\$

6. Does the applicant operate or provide services to customers outside Canada?

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7. Revenues/Receipts:

Revenues/Receipts	Estimate	Current year	Previous year
Canada	\$	\$	\$
U.S.A.	\$	\$	\$
*Additional countries	\$	\$	\$
Total	\$	\$	\$

*Name the additional countries : _____

8. Please fill in the appropriate categories:

Industry code	Description of operations or services	Estimated revenue for next 12 months	Estimated annual payroll	Number of employees
7403	Static (Condo associations, governmental buildings, office buildings, industrial plants, construction sites, etc.)			
7403	Retail stores & shopping malls			
7403	Alarm response & patrols			
7403	Special events & dogs (for detection, not guarding)			
7403	Armed			

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7403	Restaurants & bars (incl. nightclubs)			
7403	Private investigator			
7403	Festival			
7396	Alarm dealer (sales only)			
7396	Alarm sales including installation & maintenance residential (Theft, fire, water levels, temperature, power failure, humidity)			
7396	Alarm sales including installation & maintenance commercial and industrial (Theft, fire)			
7396	Alarm sales including installation & maintenance commercial and industrial (Critical type) (Water levels, temperature, power failure, humidity)			
7396	Alarm sales including installation and maintenance farms			
7403	Alarm monitoring services (Sales only)			
7403	Alarm monitoring station			
7403	Contact centers excluding alarm monitoring (After hour answering services for businesses)			
7693	Acces cards systems			
7693	Locksmith			
1731	Electrical wiring incl. CCTV and domotics (Home automation)			
5718	Central vacuum systems			

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5718	Intercom & audio systems			
1714	Sprinklers installation & maintenance			
1714	Automatic fire extinguishing equipment			
1781	Portable fire extinguishers			
	Total			

9. Do you provide design or consulting services for a fee? Yes No

10. Does the Applicant use subcontractors? Yes No

If yes, for which amount? _____ \$

Is revenue included in item 8? Yes No

Describe services provided by subcontractors? _____

Do you request proof in insurance from subcontractors? Yes No

If yes, minimum limit required: _____ \$

11. Do you operate vehicles for business that are not owned or leased in the company name? Yes No

If yes, please provide full details:

Car _____ Passenger van _____ Truck _____ Other _____

Highest value: _____ \$

Total estimated number of days : _____

12. Does the insured hold a Private Security Bureau (PSB) permit? Yes No

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13. List all claims paid or outstanding during the past five years:

(Attach separate sheet if required)

Date	Description	Paid	Outstanding	Expense	Status Open/Close
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The undersigned hereby acknowledge the truth of the statements contained herein.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

Pistagnesi-Doyon
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