

CERTIFICATE OF INSURANCE (AGENCY)

Required by the Bureau de la sécurité privée

(Sections 2(3) and 5 of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

IMPORTANT NOTICE

Any person duly authorized to sign this document must ensure that its contents are accurate and fully represent the insurance coverage offered to the insured in order to comply with the *Private Security Act* and its regulations.

Any false or misleading declaration with respect to this Certificate of insurance could lead to a refusal of issuance, or the suspension or revocation of an agency licence. Such a false or misleading declaration could also be communicated to the body or the competent authority governing the signatory.

SECTION I: INSURED IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

Address (Civic No., street)

Suite

City

Province

Postal code

SECTION II: SIGNATORY IDENTIFICATION

Role **Broker**, specify the **certificate number** of the Autorité des marchés financiers: _____

Agent authorized by the insurer, attach **proof that you are authorized** to sign on behalf of the insurer.

Surname of signatory

First name of signatory

Professional email address

Phone number (day)

Ext.

Section reserved for the use of BSP

SECTION III: CIVIL LIABILITY INSURANCE POLICY

Insurer

Policy No.

Start date (YYYYMMDD)

End date (YYYYMMDD)

The undersigned broker or agent authorized by the insurer certifies that:

1. **The insured is minimally covered against the financial liability, for the repair of bodily injury or property damage, resulting from a harmful event occurring in the following activities:**
 - a. **security guarding**, namely, watching or protecting persons, property or premises mainly to prevent crime and maintain order; Yes No
 - b. **investigation**, namely, searching for persons, information or property, particularly searching for information on an offence or collecting information on the character or conduct of individuals; Yes No
 - c. **locksmith work**, namely, keying, installing, maintaining and repairing mechanical and electronic locking devices, installing, maintaining and repairing, and changing the combinations of, safes, vaults and safety deposit boxes, designing and managing master key systems, maintaining key code records, cutting keys otherwise than by duplicating existing keys, and unlocking a building door, piece of furniture or safe otherwise than by using a key or following the prescribed procedure; Yes No

d. **electronic security systems**, namely, installing, maintaining and repairing, and ensuring the continuous remote monitoring of, burglar or intrusion alarm systems, video surveillance systems and access control systems, except vehicle security systems; Yes No

e. **transport of valuables**, namely, the transportation of money or other valuable goods. Yes No

f. **security consulting**, namely, providing consulting services on protection against theft, intrusion or vandalism independently from the other activities referred to in this section and particularly by developing plans or specifications or presenting projects. Yes No

2. **The insurance includes one or more exclusions provided by endorsement to the general liability insurance basic form and related to the insured's private security activities identified in 1.** Yes No

If you answered "Yes", you must file with this certificate copies of the endorsement(s) providing exclusions related to private security activities.

3. **The insurance amount is at least \$1,000,000 per incident.** Yes

4. **The insured is the only legal entity covered by this insurance.** Yes No

If you answered "No", please answer the following statements:

a. **The insurance includes a cross liability clause.** Yes No

b. **The limit of coverage per incident for each insured is: \$ _____**

c. **The other Named Insured(s)* under this insurance policy is/are:**

* Please do not provide Additional Insureds, but only Named Insureds.

SECTION IV: DECLARATION OF THE BROKER OR THE AGENT AUTHORIZED BY THE INSURER

I declare to be a duly authorized signatory, as a broker of the insured or as an agent authorized by the insurer, to sign this Certificate of Insurance.

I declare that I have read and understood the IMPORTANT NOTICE in the introduction to this Certificate of Insurance.

I declare that the information in this Certificate of Insurance is accurate and complete et that it fully represents the insurance provided to the insured for the compliance with the *Private Security Act* (CQLR, c. S-3.5) and it regulations.

I undertake to notify the Bureau at least 30 days prior to the cancellation, termination or non-renewal of the policy, or any reduction of guarantee or, in case of shorter term, at least as soon as the insured is notified.

I understand that the Bureau de la sécurité privée may contact the broker or the authorized agent undersigned in order to verify the information contained in this Certificate of Insurance.

In witness whereof, I sign below:

Signature of the broker or the authorized agent identified in Section II

Date: Y Y Y Y M M D D

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