

AGENCY LICENCE APPLICATION

Fill out your form along with the required documents and submit your application online via the special section on our website: bspquebec.ca/COVID-19.

Carefully read the steps to follow before submitting your application.

***** ONLY APPLICATIONS SENT ELECTRONICALLY WILL BE PROCESSED;
NO APPLICATIONS SHALL BE RECEIVED BY MAIL OR IN PERSON. *****

Thank you for your understanding.

Notice: Not filling out all sections of this form or not sending all required documents or payment could lead to the inadmissibility of your application and return of your documents, and / or significantly delay the processing of your application.

BEFORE PROCEEDING

Please read the following instructions carefully:

- ✓ All pages and required appendixes must be filled out, dated and signed, when required, including the payment sheet.
- ✓ The information written must be neat, legible and in block letters.
- ✓ The form must be filled out and signed by the agency representative duly nominated in Appendix 1.
- ✓ The representative must:
 - be at least 18 years of age;
 - be duly nominated in Appendix 1;
 - read the declaration (Section N) and sign where indicated; and
 - take the interactive online training “The Agency Representative” within 6 months of the issuance of the agency’s licence. The procedure will be communicated to you at the time of issuance of the licence, if applicable. For more information, go to www.bspquebec.ca.

Note: The representative is not required to be an officer of the agency.

Please allow a minimum of 6 weeks to process your application.

DOCUMENT CHECKLIST

The licence application must include **all** of the following documents:

- Original and complete "Agency Licence Application" form, duly filled out, dated and signed.
- Payment of fees (see Section P for methods of payment).
- A copy of the **incorporating document, contract of partnership** or a **copy of the initial declaration of registration** made with the *Registraire des entreprises du Québec*, as the case may be.
- Appendix 1 – Nomination of representative**, duly filled out, dated and signed by the sole proprietor, a partner or a member of the board of director of the agency.
- Appendix 2 – Other establishment(s) in Québec**, if the number of establishments in Québec requires it, as required in Section D.
- An original security bond**, duly filled out, dated and signed, proving that the agency has a **surety bond of \$10,000 in favour of the BSP**, valid for the entire duration of the licence and for its private security activities.
- Appendix 3 – Certificate of insurance**, duly filled out, dated and signed, proving the agency is protected by a civil liability insurance policy of at least \$1,000,000 per incident and covering the reparation of the bodily injuries, moral damages and material damages which could result from the agency's activities.
- Appendix 4 – Security verification of owners, shareholders, partners, directors**, if you check the "Legal Person/Partnership" box in Section L.
- A copy of the bankruptcy judgment and certificate of discharge, if applicable, if you answer "Yes" in Section E.

| |
|--|
| IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE FORM AND THE SECURITY BOND |
|--|

FORM – AGENCY LICENCE APPLICATION

| | |
|---|---|
| SECTION A: LICENCE(S) FOR WHICH THE APPLICATION IS FILED | |
| Class(es) for which this application is filed: (Check all boxes that apply.) | |
| <input type="checkbox"/> Security guarding <input type="checkbox"/> Investigation <input type="checkbox"/> Locksmith work | <input type="checkbox"/> Electronic security systems <input type="checkbox"/> Transport of valuables <input type="checkbox"/> Security consulting |

| | |
|--|--|
| SECTION B: AGENCY'S IDENTIFICATION | |
| Legal entity's name _____ _____ _____ | |
| Québec Enterprise Number (NEQ) _____ _____ _____ | |
| Does the agency operate under other names (corporate names)? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: (Add a sheet if necessary. Please note those names will appear on the agency licence and in the Register of Licence Holders.) _____ _____ _____ | |

| | | | |
|--|---------------|---------------------------|--------------------|
| SECTION C: HEAD OFFICE ADDRESS (A post office box will not be accepted.) | | | |
| Write here the address of the legal domicile of the enterprise: the head office. Please note that this information is public and will be published on the Register of Licence Holders. | | | |
| <input checked="" type="checkbox"/> If the head office is located <u>in Québec</u> , it will be considered as the principal establishment of your agency in Québec. If the agency has other establishments in Québec, complete Appendix 2. | | | |
| <input checked="" type="checkbox"/> If the head office is located <u>outside Québec</u> , the agency must also complete the following Section D. | | | |
| Civic No. | Street | Suite/Apt. | Postal code |
| _____ | _____ | _____ | _____ |
| City | | Province | Country |
| _____ | | _____ | _____ |
| Phone number | | Other phone number | Fax |
| _____ - _____ | | _____ - _____ | _____ - _____ |
| Internet site | | | |
| _____ | | | |

| | | | |
|--|---------------|---------------------------|--------------------|
| SECTION D: PRINCIPAL ESTABLISHMENT* IN QUÉBEC | | | |
| <input checked="" type="checkbox"/> If the head office is located <u>in Québec</u> , skip to Section E. | | | |
| <input checked="" type="checkbox"/> If the head office is located <u>outside Québec</u> , you must identify here the principal establishment of your agency in Québec. If, the agency has other establishments in Québec, also complete Appendix 2. | | | |
| Please note that this information is public and will be published on the Register of Licence Holders. | | | |
| Civic No. | Street | Suite/Apt. | Postal code |
| _____ | _____ | _____ | _____ |
| City | | | Postal code |
| _____ | | | _____ |
| Phone number | | Other phone number | Fax |
| _____ - _____ | | _____ - _____ | _____ - _____ |
| *An establishment in Québec must be a physical location where your private security activities are operated, in whole or in part. Does not constitute an establishment, among others, a post office box, a professional services office (e.g.: accountant's or attorney's office), or any other location where no activity is carried on by your enterprise in relation to its private security services. | | | |

| | |
|--|--|
| SECTION E: SOLVENCY | |
| Is the agency currently subject to a bankruptcy or has it gone bankrupt in the past year? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, enclose a copy of the bankruptcy judgment and certificate of discharge, if applicable. | |

| SECTION F: REPRESENTATIVE'S IDENTIFICATION | | | |
|---|--------------------------|-----------------------|---|
| Surname | | First name | |
| Do you use another first name and/or surname? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: | | | |
| Other surname | | Other first name | |
| Gender <input type="checkbox"/> M <input type="checkbox"/> F | Date of birth (YYYYMMDD) | SAAQ Driver's licence | <input type="checkbox"/> I do not have one. |
| Your mother's surname at birth | | | |
| Do you hold a valid agent licence? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify its number: _____ | | | |
| Is this application accompanied by an agent licence application? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| * As representative, your name and surname, and your workplace contact information will be published on the Register of Licence Holders for the agency, despite any exemption from publishing on the Register that would have been granted to you as agent licence holder in the investigation class or transport of valuables class pursuant to section 81 PSA. If you benefit from such exemption and do not want to appear on the agency's Register, you cannot be a representative. | | | |

| SECTION G: REPRESENTATIVE'S HOME ADDRESS | | | |
|--|------------|----------------------------------|-----------|
| Civic No. | Street | Apt. | |
| City | Province | Postal code | |
| Phone number (day) | Ext. | Cell phone or other phone number | |
| E-mail address | | | |
| Since when do you live at this address? | Date : / / | From | To |
| If it has been less than five (5) years, indicate all other addresses for the past five (5) years: | | (YYYY/MM) | (YYYY/MM) |
| (Civic No., street, apt., city, postal code, province) | | | |
| | | | |
| | | | |

| SECTION H: DECLARATION OF THE REPRESENTATIVE RELATIVE TO JUDICIAL OR DISCIPLINARY HISTORY |
|---|
| Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the <i>Private Security Act</i> ? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____ |
| Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the <i>Private Security Act</i> ? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____ |

| SECTION I: REPRESENTATIVE'S WORKPLACE CONTACT INFORMATION (A post office box will not be accepted.) | | | |
|--|-----------|--------------|--|
| Please note that the information followed by a (*) will be published on the Register of Licence Holders. | | | |
| Same as : <input type="checkbox"/> Head office (Section C) <input type="checkbox"/> Principal establishment in Québec (section D) <input type="checkbox"/> Other, specify below: | | | |
| Civic No.* | Street* | Suite* | |
| City* | Province* | Postal code* | |
| Phone number (day) | Ext. | Fax | |

SECTION J: COMMUNICATION PREFERENCES

The representative is the only person authorized to receive communications from the Bureau concerning the agency. All communications from the Bureau to the attention of the Agency will be sent to the representative.

Please indicate the following communications preferences (mailing address must be in Canada):

Language of correspondence: French English

Professional e-mail address (If you enter a professional e-mail address, we will contact you at this address for unofficial communications, if necessary, when processing your agency's file.)

Correspondence mailing address: Head office (if in Canada) (Section C) Representative's workplace address (if in Canada) (Section I)
 Principal establishment in Québec (Section D) Other (in Canada), specify below:

| | | |
|-----------|----------|-------------|
| Civic No. | Street | Suite |
| City | Province | Postal code |

SECTION K: REQUEST FOR CONSENT – CANADA'S ANTI-SPAM LEGISLATION

In compliance with Canada's anti-spam legislation, we must obtain your consent in order to send you certain electronic communications of a commercial nature. Thus, to be added to our mailing list, give us your consent by checking the box below:

I consent to receive electronic communications of a commercial nature from the Bureau de la sécurité privée, as a representative.*

Please note that should you not consent to receive messages of a commercial nature, the Bureau de la sécurité privée will continue to send you informative messages, including messages relative to the protection of the public or to your obligations as an agency representative, or the obligations of the agency as a licence holder.

*You may withdraw your consent at any time by e-mail at communications@bsp-qc.ca.

SECTION L: SECURITY VERIFICATION OF OWNERS, SHAREHOLDERS, PARTNERS, DIRECTORS

Please enclose additional copies of this page as needed and sign each page, if applicable.

NOTICE – This section must be filled out for **EVERY DIRECTOR** and **SHAREHOLDER** or **PARTNER** having a major interest in the enterprise (i.e. holding 10% or more of the voting shares or shares).

If an agency's director, partner or shareholder is a legal person or a partnership, you must mandatorily fill out Appendix 4 for each of those legal entities.

| | | | |
|--|------|---|--------------------------|
| IDENTIFICATION: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal person/Partnership (Appendix 4 is mandatory) | | | |
| STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____ % of voting shares <input type="checkbox"/> Partner _____ % of shares | | | |
| Surname | | First name | |
| Name of legal entity (if legal person/partnership) | | Québec Enterprise Number (NEQ) (if legal person/partnership) | |
| Home address / Head office address, if legal person/partnership. Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | Date of birth (YYYYMMDD) |
| DECLARATION REGARDING JUDICIAL OR DISCIPLINARY HISTORY | | | |
| Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the <i>Private Security Act</i> ? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____ | | | |
| Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the <i>Private Security Act</i> ? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____ | | | |

| | | | |
|--|------|---|--------------------------|
| IDENTIFICATION: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal person/Partnership (Appendix 4 is mandatory) | | | |
| STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____ % of voting shares <input type="checkbox"/> Partner _____ % of shares | | | |
| Surname | | First name | |
| Name of legal entity (if legal person/partnership) | | Québec Enterprise Number (NEQ) (if legal person/partnership) | |
| Home address / Head office address, if legal person/partnership. Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | Date of birth (YYYYMMDD) |
| DECLARATION REGARDING JUDICIAL OR DISCIPLINARY HISTORY | | | |
| Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the <i>Private Security Act</i> ? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____ | | | |
| Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the <i>Private Security Act</i> ? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____ | | | |

As the representative of the agency identified in Section B, I certify that the information provided herein is accurate and true, and that it has been received from the concerned people with their consent. Furthermore, I certify that those people authorize the transmission of the said information to the Sûreté du Québec in order to carry out the security verifications provided for in the *Private Security Act* and their follow-up.

In witness whereof, I have signed: _____
Signature of the agency's representative

Date : Y Y Y Y M M D D
 | | | | | | | |

SECTION M: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION

Personal information is collected for the purpose of the application of the *Private Security Act* and will only be used for this purpose. This information will be available only to employees for whom they are required in the performance of their duties. This information can be disclosed to third parties within the limits of the *Act respecting access to documents held by public bodies and protection of personal information*, or with the consent of the persons to whom the information relates.

SECTION N: REPRESENTATIVE'S DECLARATION

NOTICE – Any false or misleading declaration with respect to this form or any document supporting this application, including the concealment of any important fact, could lead to a refusal of issuance, or the suspension or revocation of an agency licence.

I declare that I have read and understood the above-stated **NOTICE**.

I declare submitting and signing this agency licence application on behalf of the enterprise identified in Section B, for which I was duly appointed to act as the representative in Appendix 1.

I declare that I am devoted full time to the activities of that enterprise and I understand that I will be the only person authorized to communicate with the Bureau de la sécurité privée regarding the agency's file.

I declare that I am aware of the responsibilities and obligations incumbent upon me as a representative and those incumbent upon the agency as an agency licence holder pursuant to the *Private Security Act* and its regulation. Moreover, I undertake to take the mandatory training offered by the Bureau to all representative. *

Furthermore, I undertake to inform the Bureau de la sécurité privée of any change relative to my person, as a representative, and any change relative to the agency, including any change of address and any change of director, shareholder or partner, and this, without delay.

Furthermore, I undertake to prove to the Bureau de la sécurité privée the continuing effect of the agency's civil liability insurance and surety bond by providing the necessary annual renewal proofs, if applicable. I also undertake to notify the Bureau at least 30 days prior to the cancellation, termination or non-renewal of the agency's insurance or surety bond, or any reduction of guarantee or, in case of shorter term, at least as soon as the agency is notified by its insurer or broker.

I authorize the Bureau de la sécurité privée to communicate the information required in order to verify that the conditions stipulated in sections 7, 8 and 9 of the *Private Security Act* are met and continue to be met.

I also authorize the Bureau de la sécurité privée to contact the agency's insurer and broker, if any, to obtain any information regarding the mandatory liability insurance under the *Private Security Act* and its regulations.

I declare that all the information provided in this application and its appendixes is accurate and complete, and that any change modifying that information will be communicated to the Bureau de la sécurité privée **without delay**.

In witness whereof, I have signed: _____
 Representative's signature

Date Y Y Y Y M M D D
 [] [] [] [] [] [] [] []

* In virtue of the paragraph 2 of the Section 7 of the *Private Security Act*, the representative must take the training offered by the Bureau within six months following the date of issuance of the agency's licence. You will receive the procedure at the time of issuance of the licence, if applicable. For more information, go to www.bspquebec.ca.

SECTION O: CALCULATION OF PAYABLE FEES

To calculate the payable fees for this application, follow these four (4) steps:

✓ **Step 1: Licence fees**

Check the box(es) corresponding to each licence category applied for and write the corresponding amount on the line on the right. Add the amounts and enter the total licence fees where indicated.

| Payable fees per category | From Jan. 1st 2020 | | |
|--|--|-------------------------|--|
| <input type="checkbox"/> Security guarding | \$2,981.00 | \$ | |
| <input type="checkbox"/> Investigation | \$2,110.00 | + \$ | |
| <input type="checkbox"/> Locksmith work | \$1,365.00 | + \$ | |
| <input type="checkbox"/> Electronic security systems | \$1,365.00 | + \$ | |
| <input type="checkbox"/> Transport of valuables | \$1,365.00 | + \$ | |
| <input type="checkbox"/> Security consulting | \$2,110.00 | + \$ | |
| | | Total Licence(s) | |

✓ **Step 2 : Additional Copy fees**

If you have only one business establishment in Québec, skip to Step 3, since the licence fees (above) include the printing of one (1) licence per category for the principal establishment. Otherwise, complete the missing data below, perform the following multiplication and write the total copy fees where indicated.

| | | |
|--|----------------|---|
| Unit price for a licence copy (\$25.00 + \$1.25 GST + \$2.49 QST) → | <u>\$28.74</u> | |
| Quantity of establishments in Quebec (other than the principal*) → | x | |
| Quantity of licence classes applied for → | x | |
| <i>GST number: 817788656 QST number: 1216343481</i> | | Total Copy(ies) = |

*The licence fees include the price of one (1) copy for the principal establishment in Québec.

✓ **Step 3 : Security verifications**

A fee for the security verification of the representative is payable in all cases. Furthermore, please check the "Other security verification(s)" box and indicate the number of people identified in Section L and in Appendix 4, if any. Multiply the amount by the cost of security verification and write the result on the line on the right. Please note that only one verification per individual is required for the same agency.

| | From Jan. 1st, 2020 | | |
|--|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> Representative 1 | \$120.00 | x | \$120.00 |
| <input type="checkbox"/> Other security verification(s) (Qty of people identified in Section L and Appendix 4) | \$120.00 | x | + \$ |
| | | Total Security verification(s) | |
| | | (non-refundable) | |

✓ **Step 4 : Total application fees**

Add the following three amounts and carry forward the total amount payable to Section P – Payment sheet (page 7):

| | | |
|--|---------------------------|--|
| ➤ The Total Licence(s) (Step 1) | \$ | |
| ➤ The Total Copy(ies) (Step 2) | + \$ | |
| ➤ The Total Security verification(s) (non-refundable) (Step 3) | + \$ | |
| | TOTAL PAYABLE FEES | |

SECTION P: PAYMENT SHEET

Québec Enterprise Number (NEQ)

METHODS OF PAYMENT

Select a method of payment for this transaction:

- Interac e-Transfert** (Recipient: Bureau de la sécurité privée, Email: comptabilite@bspquebec.ca, Security Question : reason for payment, Security Answer: permis, Reason: Name, First Name, Date of Birth (DAY,MONTH,YEAR), Email and Phone.
- Bank or postal money order payable to the Bureau de la sécurité privée**
- Credit card, fill out the voucher below:**

VOUCHER FOR PAYMENT BY CREDIT CARD

NOTICE - Any missing information on this voucher will result in a refusal of your payment and a return of the application to the sender.

Authorized payment amount (write the TOTAL PAYABLE FEES amount of Section O):

\$

Card type:

- MasterCard 
- Visa 
- American Express 

Card number

Exp (MM/YY)

N° CVV2*

* N° CVV2: Security number of 3 or 4 digits on the back of your credit card.

Card holder's surname

Card holder's first name

AUTHORIZATION – I authorize the Bureau de la sécurité privée to debit my credit card with the required amount for the processing of this application.

Card holder's signature

Phone number

Date:

APPOINTMENT OF REPRESENTATIVE

Notice – The appointment of the representative must be approved by the sole entrepreneur owner of the agency, or a director (in a company) or a partner (in a partnership) of the agency, **other than the representative himself**. The representative does not have to be an officer of the agency.

You must fill this appendix even if you are the sole proprietor or the sole director of your enterprise and that you also act as representative. In this exceptional case, the representative may be appointed by himself.

SECTION I: AGENCY'S IDENTIFICATION

Legal entity's name

Québec Enterprise Number (NEQ)

SECTION II: SIGNATORY'S IDENTIFICATION

Signatory's surname

Signatory's first name

Role within the agency:

Sole entrepreneur

Director

Partner

SECTION III: APPOINTMENT OF THE REPRESENTATIVE

Representative's surname

Representative's first name

SECTION IV: SIGNATORY'S DECLARATION

I declare that the information contained in this Appendix 1 is accurate and complete.

I approve and confirm the appointment of the person identified in Section III as representative of the enterprise identified in Section I (the « Agency ») with the Bureau de la sécurité privée for the application of the *Private Security Act* and its regulations, and I declare to be a signatory duly authorized to act on behalf of the Agency in this regard.

I understand that, as of the effective date of this appointment, all communication to the Agency will be sent to the person appointed as representative, in the language and at the address specified in Section J of the Agency Licence Application form.

Moreover, I understand that the designated representative shall take a mandatory training offered by the Bureau within 6 months of issuance of the agency's licence, failing which the validity of such licence could be affected.

In witness whereof, I have signed:

Signature of the person identified in Section II

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
| | | | | | | | |

APPENDIX 2

OTHER ESTABLISHMENT(S) IN QUÉBEC

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

Please photocopy and add pages as needed.

Notice – This Appendix 3 must mandatorily be filled out for each of the agency's establishment in Québec, other than those identified in Sections C and D. Please note that this information is public and will be published on the Register of Licence Holders.

The **establishments** declared herein must be physical locations where your private security activities are operated, in whole or in part. Does not constitute an establishment, among others, a post office box, a professional services office (e.g.: accountant's or attorney's office), or any other location where no activity is carried on by your enterprise in relation to its private security services.

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)

| | | |
|--------------|--------------------|-------------|
| Civic No. | Street | Suite |
| City | | Postal code |
| Phone number | Other phone number | Fax |

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)

| | | |
|--------------|--------------------|-------------|
| Civic No. | Street | Suite |
| City | | Postal code |
| Phone number | Other phone number | Fax |

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)

| | | |
|--------------|--------------------|-------------|
| Civic No. | Street | Suite |
| City | | Postal code |
| Phone number | Other phone number | Fax |

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)

| | | |
|--------------|--------------------|-------------|
| Civic No. | Street | Suite |
| City | | Postal code |
| Phone number | Other phone number | Fax |

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)

| | | |
|--------------|--------------------|-------------|
| Civic No. | Street | Suite |
| City | | Postal code |
| Phone number | Other phone number | Fax |

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
 [][][][] [][] [][]

IDENTIFICATION OF THE DIRECTORS, SHAREHOLDERS, PARTNERS OF THE LEGAL PERSON/PARTNERSHIP IDENTIFIED IN SECTION L OR APPENDIX 4

(Section 1(4.1) of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

Please photocopy and add pages as needed.

NOTICE – Fill out this section for **DIRECTOR** and **SHAREHOLDER OR PARTNER** having a major interest (i.e. holding 10% or more of the voting shares or shares) in a legal person or partnership identified in Section L, and for every legal person or partnership also identified in this Appendix 4.

IDENTIFICATION OF THE LEGAL PERSON OR PARTNERSHIP IDENTIFIED IN SECTION L OR APPENDIX 4

Name of legal entity

IDENTIFICATION: Mr. Ms. Legal person/Partnership (Appendix 4 is mandatory)

STATUS: Director (Member of B. of D.) Shareholder _____% of voting shares Partner _____% of shares

| | | | |
|--|------|---|--------------------------|
| Surname | | First name | |
| Name of legal entity (if legal person/partnership) | | Québec Enterprise Number (NEQ) (if legal person/partnership) | |
| Home address / Head office address, if legal person/partnership. Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | Date of birth (YYYYMMDD) |

DECLARATION REGARDING JUDICIAL OR DISCIPLINARY HISTORY

Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the *Private Security Act*?

No Yes, specify: _____

Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the *Private Security Act*?

No Yes, specify: _____

IDENTIFICATION: Mr. Ms. Legal person/Partnership (Appendix 4 is mandatory)

STATUS: Director (Member of B. of D.) Shareholder _____% of voting shares Partner _____% of shares

| | | | |
|--|------|---|--------------------------|
| Surname | | First name | |
| Name of legal entity (if legal person/partnership) | | Québec Enterprise Number (NEQ) (if legal person/partnership) | |
| Home address / Head office address, if legal person/partnership. Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | Date of birth (YYYYMMDD) |

DECLARATION REGARDING JUDICIAL OR DISCIPLINARY HISTORY

Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the *Private Security Act*?

No Yes, specify: _____

Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the *Private Security Act*?

No Yes, specify: _____

As the representative of the agency identified in Section B, I certify that the information provided herein is accurate and true, and that it has been received from the concerned people with their consent. Furthermore, I certify that those people authorize the transmission of the said information to the Sûreté du Québec in order to carry out the security verifications provided for in the *Private Security Act* and their follow-up.

In witness whereof, I have signed: _____
Signature of the representative

Date: Y Y Y Y M M D D
| | | | | | | |