

## DECLARATION OF INSURANCE - ENTERPRISE'S UNDERTAKING

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

### INSTRUCTIONS

The representative duly designated by the agency under the PSA must:

- 1) Complete and sign this form;  
and
- 2) Attach the certificate of insurance provided by the insurer for the policy identified in Section B.

### SECTION A: INSURED IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

### SECTION B: INFORMATION ON THE INSURANCE POLICY

**REMINDER - You must attach the certificate of insurance provided by the insurer**

Insurer

Policy number

Start date (YYYY/MM/DD)

End date (YYYY/MM/DD)

**Private security activities covered by the policy:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Security guarding | <input type="checkbox"/> Locksmith work              | <input type="checkbox"/> Transport of valuables |
| <input type="checkbox"/> Investigation     | <input type="checkbox"/> Electronic security systems | <input type="checkbox"/> Security consulting    |

### SECTION C: DECLARATION, UNDERTAKING AND AUTHORIZATION

I certify that I am the duly designated representative of the enterprise identified in Section A (the "Insured") for the purposes of the *Private Security Act* (CQLR, c. S-3.5) ("PSA") and that I am authorized to sign this document on its behalf.

I confirm that I have attached to this form the Certificate of Insurance provided by the Insurer for the Civil Liability Insurance Policy identified in Section B (the "Insurance Policy").

**I declare that the Insured undertakes to offer private security services only within the limits of the coverage stipulated in the Insurance Policy.**

I authorize the Insurer identified in Section B to communicate to the Bureau de la sécurité privée any information relating to the Insurance Policy.

I certify that the information provided in this form is complete and accurate and that any changes that may affect its content will be communicated without delay to the Bureau de la sécurité privée, as such changes could impact the validity of any licence held by the Insured.

In witness hereof, have signed on:

Representative first name

Representative last name



Handwritten signature of the representative

Date (YYYY/MM/DD)