

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

COMMERCIAL BUSINESS APPLICATION

1) Broker: _____ Attn: _____ Date: _____

2) Name of Applicant: _____

Name(s) of Principal(s): _____

3) Mailing Address: _____

4) Risk Address: _____

Name(s) and Address(es) of Mortgagee(s):

1. _____

2. _____

5) Applicant is: Owner Tenant

Occupied by Applicant as: _____

By Others as: _____

6) Number of years in business: _____ At current location: _____

7) Contact name & phone no. _____
(for inspection purposes)

8) Existing Insurer: _____ Expiry Date: _____ Policy # _____

Will they renew? Yes No

If no, give reason for non-renewal _____

Expiring premium, coverage terms and conditions: _____

9) Has the Insured been cancelled/declined insurance? _____

If yes, please attach details _____

10) Has the Insured had any claims for the last five (5) years? Yes No

If yes, please provide details, i.e. Date, type of loss, gross amount paid including defense cost and deductibles, amount of outstanding loss and steps taken to prevent reoccurrence?

11) Are you aware of any incidents that may result in a claim? Yes No

(If yes, please advise details) _____

12) Financial: Please attach a copy of your latest audited financial statement.

1. Occupancy: (Describe the operation of the Insured including process description, if applicable.)

2. Building Construction:

Walls	Type construction	No. of stories		Year Built	Date
Floor	Type construction	Area	Sqft or M2	Basement	Full or Partial
Roof	Type construction	Year Updated*	Date	0 - 100	% Completed
Wiring	Type	Year Updated*	Date	0 - 100	% Completed
Heating	Type	Year Updated*	Date	0 - 100	% Completed
Plumbing	Type	Year Updated*	Date	0 - 100	% Completed
Exposure:	<u>North</u>	<u>South</u>	<u>East</u>	<u>West</u>	

*If updated, please advise total dollar amount of updates. \$ _____

3. Fire Alarm / Detectors

Sprinklers ____%	No <input type="checkbox"/> Yes <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Wet <input type="checkbox"/> or Dry <input type="checkbox"/>
Smoke /Heat	No <input type="checkbox"/> Yes <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Pull Box	No <input type="checkbox"/> Yes <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Hydrant(s)	Within 75m <input type="checkbox"/>	Within 150m <input type="checkbox"/>	Over 150m <input type="checkbox"/>	Other (specify)
Fire Department	Within 3km <input type="checkbox"/>	Within 5km <input type="checkbox"/>	Within 10km <input type="checkbox"/>	Over 10km <input type="checkbox"/>
Fire Department	Paid <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Part Paid Part Volunteer <input type="checkbox"/>	
Portable Extinguishers (Specify)				

4. Burglary Alarm System(s)

Interior (Infrared or Motion)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Perimeter (contacts on doors and windows)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Bars on Windows:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Deadbolt on Doors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (specify)
Perimeter Lighting	No <input type="checkbox"/> Yes <input type="checkbox"/>	3 rd Party Security	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (specify)

5. LIABILITY SURVEY OF HAZARDS – To be completed if a CGL quote is required.

- (1) **Business:** (1) Describe all operations in detail _____

- (2) Attach brochure(s) if any. _____
- (3) Any U.S. exposure? If so, describe _____

- (4) Any other foreign country exposure? If so, describe _____

- (2) **Location of Premises:** **Fully describe operations at each location**
- (a) _____ (a) _____
 (b) _____ (b) _____
 (c) _____ (c) _____
- (3) **Are any of the above premises leased or rented in their entirety to others who control and operate the premises?** _____
- (4) **Elevators – Escalators:**
- | | Number | Location | Description |
|-----|--------|----------|-------------|
| (a) | _____ | _____ | _____ |
| (b) | _____ | _____ | _____ |
| (c) | _____ | _____ | _____ |
- (5) **Products manufactured, handled, sold and distributed - indicate type and gross sales and complete the attached Products Liability Insurance Supplement.**
- | | <u>Gross Annual Sales</u> | | |
|------------------------|---------------------------|-------------|--------------|
| <u>Type of Product</u> | <u>Canada</u> | <u>U.S.</u> | <u>Other</u> |
| (a) _____ | \$ _____ | \$ _____ | \$ _____ |
| (b) _____ | \$ _____ | \$ _____ | \$ _____ |
| (c) _____ | \$ _____ | \$ _____ | \$ _____ |
- (6) **Detail fully and breakdown type(s) of operations and work performed by Insured:**
- | <u>Operation</u>
(Including split by country) | <u>Payroll</u> | <u>Gross Annual Receipt</u> |
|--|----------------|-----------------------------|
| (a) _____ | \$ _____ | \$ _____ |
| (b) _____ | \$ _____ | \$ _____ |
| (c) _____ | \$ _____ | \$ _____ |
- (7) **Contractual: List all lease agreements, railway siding agreements etc.**
 (Obtain copies of agreements where possible)
- (a) _____
 (b) _____
 (c) _____
- (8) **Contractors Protective:** A) Cost of work Sub-Let: \$ _____
 B) Type of Work? _____
- (9) **Are sub-contractors required to carry liability insurance?** Yes No
If yes, specify required limits _____
- (10) **Do you ask sub-contractors to submit liability certificates?** Yes No

(11) Do you enter into formal contractual agreements with your sub-contractors? Yes No
If yes, do you include a "Hold Harmless" clause in your favour? Yes No
Submit copy of usual contract form.

(12A) Are all employees covered by Workmen's Compensation? Yes No
If No:
(1) Give number and types of employees not covered by Workers Compensation _____
(2) Actual payroll of these employees \$ _____

(12B) Is Employers' Liability required? Yes No
If yes, advise number and occupation of employee: _____

(12C) Is Voluntary Compensation required? Yes No

(13) Tenants Legal Liability
(a) Location of premises: _____
(b) Amount to be insured: \$ _____
(c) Is there a lease agreement? Yes No
If yes, provide copy.

(14) Is there any use of radioactive materials? Yes No

(15) Do you operate a hospital or employ a physician, surgeon, dentist or healthcare worker? Yes No
If yes, specify number of employees by their profession: _____

(16) Do you operate any aircraft or watercraft? Yes No

(17) Do you charter, rent or lease any aircraft or watercraft? Yes No

(18) Do you engage in any of the following operations?
(a) Demolition or wrecking Yes No
(b) Shoring Yes No
(c) Underpinning Yes No
(d) Caisson Work Yes No
(e) Excavation Yes No
(f) Use of Explosives Yes No
(g) Raising or moving of buildings and structures Yes No
(h) Tunneling Yes No
(i) Welding Yes No

(19) Details of operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises _____

(20A) Does Forest Fires Prevention Act apply? Yes No

(20B) Do you have special agreements with Dept. of Lands and Forests? Yes No

(21) State Limit of Liability Required

\$ _____ Inclusive Limit
Each Occurrence & Aggregate Products/Completed Operations

Included in our CGL are the following coverages:

- Non-Owned Automobile-Excluding Long Term Leased Vehicles
- Products & Completed Operations
- Employees as Additional Insureds
- Contingent Employer's Liability
- Broad Form Property Damage
- Blanket Contractual Liability-Non-Reported
- Personal Injury
- Medical Payments Limits- 2,500 each person/25,000 aggregate any one occurrence
- Owners /Contractors Protective
- Occurrence Property Damage
- Separation of Insureds/Cross Liability
- Bodily Injury & Property Damage to Protected Persons & Property
- Broad Form Automobile
- Attached Machinery
- Tenants Legal Liability-Broad Form-\$100,000 Limit
- Pollution Exclusion-Hostile Fire Exception
- Incidental Medical Malpractice

N.B. It is the right of the Insurer to modify or delete any of the above by endorsement.

CHECK (✓) ADDITIONAL COVERAGE REQUIRED

- _____ Broad Form Vendors
- _____ Employee Benefits E&O Limit:\$ _____
- _____ SEF/OEF/QEF #94 - PP & LC only Limit:\$ _____
- _____ Employers Liability Limit:\$ _____
- _____ Voluntary Compensation
- _____ Forest Fire Fighting Expense Limit: \$ _____
- _____ Other (specify) _____

Previous Insurer: _____ **Expiring Premium \$** _____
Policy No. _____ **Expiry Date:** _____

Will they renew? Yes No

If no, give reason for non-renewal _____

Provide claims experience or details of events that may give rise to a claim for last five (5) years: (give details on any claims including expenses, exceeding \$500.)

Date	BI or PD	Description	Amount Paid	Expenses Paid	Amount O/S
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

When was above loss information updated with the Insurer(s)?

Perils: All Risks (A.R.) Named Perils (NP) Valuation: Replacement Cost (R.C.) Actual Cash Value (ACV)

COVERAGES REQUIRED						
PERILS	COVERAGES	DED	CO-INS	LIMITS	RATE	PREMIUM
	Building					
	Contents					
	Other (specify)					
	Consequential Loss					
	Profits		100%			
	Gross Earnings		80%			
	Extra Expenses		100%			
	Rents					
	Other (specify)					
	Glass					
	Sign Floater					
	Office Equipment					
	Other (Specify)					
Including or excluding: Flood? _____ Earthquake? _____ Sewer Backup? _____						
	Broad Form Money					
	In-Out Hold-up					
	CGL					
	TLL					
	Other (specify)					
	Boiler & Machinery					

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:

- a) gives false or erroneous information to the prejudice of the Insurer, or
- b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

2. The Insured contravenes a term of the Contract or commits a fraud; or

3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to Quebec applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du Québec seulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

Our Privacy Policy and Commitment to Protecting Your Privacy

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, Anthony Fredericks at:

A.M. Fredericks Underwriting Management Ltd.
201-339 Westney Rd. S.
Ajax, Ontario
L1S 7J6
Tel: 905-428-1269 Ext 109
Fax: 905-428-3977

Our Insurers privacy contacts are as follows:

Privacy Officer Temple Insurance Company Munich Re Centre 390 Bay Street, 22 nd Floor Toronto, Ontario M5H 2Y2 Tel No: 416-366-9206 or 1-800-444-5321 Fax No.: 416-361-1163	Director of Compliance Echelon General Insurance Company 1550 Enterprise Road, Suite 310 Mississauga, Ontario L4W 4P4 Tel No: 905-564-9215 Ext. 7912 Fax No: 905-565-7992
Corporate Compliance Officer Kingsway General Insurance Company 5310 Explorer Drive, Suite 200 Mississauga, Ontario L4W 5H8 Tel No: 905-629-7888 Ext. 8843 Fax No: 905-629-5008	Privacy Officer The Economical Insurance Group 20 York Mills Road, Suite 500 North York, Ontario M2P 2C2 Tel No: 1-800-265-9996 Ext. 8582 Fax No: 416-733-2873
Privacy Officer AXA Insurance (Canada) 5700 Yonge Street, Ste 1400 North York, Ontario M2M 4K2 Tel No: 1-800-268-0008 Fax No: 416-218-5715	

Applicant acknowledges receipt of and agrees to the Privacy Disclosure and Consent provisions contained in this form.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

Signature of Applicant or Authorized Representative

Print Name and Title

Date

QUESTIONS TO BE ANSWERED BY BROKER

1. Do you know the Applicant personally? _____
If yes, for how long? _____
2. Did you receive the order direct from the Applicant? _____
If no, from whom and why? _____
3. Do you handle other Insurance for Applicant? _____
4. Do you recommend this risk in every respect? _____
5. Is this risk a renewal to your Office? Yes ____ No ____
If yes, how long have you placed insurance on this risk? _____

DATE: _____

BROKER'S SIGNATURE: _____