

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

LIABILITY – SURVEY OF HAZARDS

Broker: _____ Date: _____

(1A) Full Names of All Applicants:

(1B) Names of Principals: _____

(2) Mailing Address: _____

(3A) 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 _____

(3B) How long in business: _____

(3C) Financial: Attach a copy of the latest audited financial statement.

(3D) Contact Name and Phone No.: _____

(For inspection purposes)

(4) Location of Premises: Fully describe operations at each location

(a) _____ (a) _____

(b) _____ (b) _____

(c) _____ (c) _____

(5) Elevators – Escalators:

Number	Location	Description
(a) _____	_____	_____
(b) _____	_____	_____
(c) _____	_____	_____

(6) Are any of the above premises leased or rented in their entirety to others who control and operate the premises? _____

(7) (a) Detail fully, area(s) in which operations are conducted: _____

(b) Any U.S. Exposure _____ if yes, extent _____

(c) Any U.S. Installation, _____ if yes, extent _____

- (15A) 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 \$ _____
- (15B) Is Employers' Liability required? Yes No
 If yes, advise number and occupation of employee: _____
- (15C) Is Voluntary Compensation required? Yes No
 If yes, indicate limit of liability required \$ _____
- (16) Tenants Legal Liability
 (a) Location of premises: _____
 (b) Amount to be insured: \$ _____
 (c) Is there a lease agreement? Yes No
 If yes, provide copy. _____
- (17) Is there any use of radioactive materials? Yes No
- (18) 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: _____

- (19) Do you operate any aircraft or watercraft? Yes No
- (20) Do you charter, rent or lease any aircraft or watercraft? Yes No
- (21) 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
- (22) Details of operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises owned, occupied or used by the insured. _____

- (23A) Does Forest Fires Prevention Act apply? Yes No
- (23B) Do you have special agreements with Dept. of Lands and Forests? Yes No

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

Date	B.I or P.D	Description	Amount Paid	Expenses Paid	Amount O/S
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

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

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 so, 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? _____

If so, how long have you placed insurance on this risk? _____

DATE: _____

BROKER'S SIGNATURE: _____