

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

MUNICIPALITY UNDERWRITING SUBMISSION

Name of applicant

Address

Date of application

Expiry date of existing program

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A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

SECTION 1 Municipal Liability

Name of applicant _____

Address _____

Date of application _____

Present

Population: _____ approximate km's of streets: paved _____ unpaved _____

Indicate which of the following departments or activities are administered directly showing the number of employees under the following headings:

Department	No. of Employees
Garbage	
Firefighting incl. Administration	
Police	
Streets, Roads, Sidewalk Maintenance	
Sewer Work	
Water	
Recreation	
Gas Utilities	
All Other Departments	

WATERWORKS DEPARTMENT

Indicate the total population serviced by the Applicant _____

SEWAGE DEPARTMENT

Indicate the total population serviced by the Applicant _____

PARKS & RECREATION

Number of:	Gross Receipts
Arenas	
Skating Rinks	
Swimming Pools	
Wading Pools	
Bathing Beaches	
Skateboarding Facilities	
Grandstand/Bleachers	
Tennis Courts	
Community Halls	

SECTION 2

Please provide a complete list of BUILDING and CONTENTS (of each building) indicating REPLACEMENT VALUE for insurance:

Location	Building	Occupancy	Contents Replacement Cost
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

* Complete the attached form for each location, which will provide us with complete underwriting details.

** If pumphouse to be insured please use separate form attached.

Risk Management / Inspection Services

Insured _____ Risk No: _____
 Occupancy _____ Location _____

Municipal Protection			Exterior Walls	Interior Walls	Finish
Full Time Brigade			Poured Concrete	Poured Concrete	Drywall
Volunteer Brigade			Precast Concrete	Precast Concrete	Plaster
Miles to Fire Hall			Brick on Block	Brick on Block	Glazed Tile
Hydrants > 6"			Solid Brick	Solid Brick	Wood (T&G)
Building Protection			Concrete Block	Concrete Block	Paneled
Standpipes			Brick Veneer	Brick Veneer	Plywood
Siamese Connectors			Steel on Steel	Steel on Steel	Aspenite
Extinguishers			Heavy Timber	Heavy Timber	
Fire Blankets			Metal Clad/Frame	Wood Stud	Wallpaper
Auto WC/DC/C02			Frame	None	Paint
Fire Doors			Fire Doors	Fire Doors	None
Emergency Lighting					
Exit Signs					
Security				Roof Structural	
			Style	Members	Decking
24 Hr Occupancy			Peak	Steel Joist	Concrete
Watchman Service			Sloped	Laminated Beams	Steel
Fenced premises			Flat	Heavy Timber	Mill > 2"
Exterior Lighting			Dome	Wood Joist	Wood
					Aspenite
Alarms	Loc.	Mon	Floors	Finish	Ceilings
Smoke Detector			Concrete	Terrazzo	Acc/Susp Tile
Heat Detectors			Wood	Ceramic Tile	Plaster
Pull Stations			Asphalt	Hardwood	Drywall
Intrusion Alarm			Gravel	Carpet	Metal
Surveillance Cameras			Dirt	Vinyl Tile/Linoleum	Wood (T&G)
			# of Elevators	Paint	Plywood
				None	Aspenite
					Open to Deck
Sprinklers			Boiler Room	H.V.A.C.	Electrical
Wet Systems			Hot Water	Heat Pump	Conduit
Dry System			Steam	Forced Air	BX
% of Building			Floor	Elec. Baseboards	Romex
			Walls	Unit-Heaters	Breakers
			Ceiling	Infra-Red Radiant	Fuses
			Door Closure	Central Air (Btu's)	Borrowed
			Door Class	Air exchange Units	Back-Up Gen.
					Transformers
General Information					
Year Built					
Height					
Gross Area					
Est. Value					
Heritage Designation					

Municipality _____
 Pumphouse _____ WATER OR SEWAGE _____
 Location _____
 Known as _____

Construction detail

Year Built _____ Appraised Value _____ Height _____ Elevator _____ Stairs _____
Ext. Walls _____ Finish _____ Int. Walls _____ Finish _____ Floors _____ Finish _____

Roof Type _____ Deck _____ Protection _____ Covering _____

Gross Area _____ Well Size _____ Other _____
Air Conditioning Yes No

Heating

Type _____ Fuses _____ Breakers _____ Size:(BTU) _____

Describe _____ Wiring: BX _____ Romex _____ Conduit _____

Location: _____

Electrical

FIXED EQUIPMENT DETAILS

1. Pump No. 1 _____ Pump No. 2 _____ Pump No. 3 _____

Motor HP _____ Motor HP _____ Motor HP _____

2. Standby motor & generator size _____ gas or diesel engine (cyl) _____

3. Compressor _____ No. of Cyl. _____ gas or diesel engine (cyl) _____

4. Transformers (KVA) _____ PCB coolant Yes or No

5. Estimated Value of MEA _____

6. Estimated Value of intrusion and/or other alarm devices _____

7. Other Equipment

FIRE PROTECTION PROVIDED TO BUILDING

_____ Hydrants, full or vol, brigade _____ Mile to F.H. _____ Extinguishers

_____ Detectors Alarms to _____ Standpipe & Hose

_____ Sprinkler System _____ Other

Date _____ Inspected by _____

Please provide a complete list of unlicensed equipment indicating REPLACEMENT VALUE for Insurance:

	Year	Make	Serial No.	Replacement Value \$
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Replacement Value of MISCELLANEOUS EQUIPMENT

Replacement Value of FIREHALL CONTENTS AND
FIREFIGHTING EQUIPMENT (NOT PERMANENTLY
AFFIXED TO THE VEHICLES)

Replacement Value of ALL RADIO EQUIPMENT

Replacement Value of "OTHER" (Please indicate)

DATA PROCESSING INSURANCE

FORM OF INSURANCE

Data Processing Insurance is designed to insure systems and equipment, media and extra expense. Where exposure exists, Business Interruption Insurance is also available.

This form of insurance offers "All Risks" of direct physical loss or damage including loss of or damage to the insured property caused by dishonest, fraudulent or criminal acts of employees. Earthquake and flood damage is also included.

NEED FOR DATA PROCESSING INSURANCE

Consideration should be given to the incorporation of a Data Processing Insurance extension to your Property Insurance. In addition to the coverage that would be provided under the Property policy, data processing insurance provides loss of or damage to property caused by mechanical failure, faulty construction, design errors, dryness or dampness in atmosphere, corrosion, rust, short-circuit, blow-out or other electrical disturbance.

The coverage provided has been enhanced and broadened by providing a blanket amount of insurance applicable to all insured equipment at any location, by removing the requirement for the filing of a maintenance contract and by incorporating an automatic acquisition clause for newly acquired equipment.

This is subject to establishing an adequate amount of insurance which will reflect replacement cost of ALL the equipment and media owned, leased, rented, or under the control of the Insured, at all locations.

(See attached application).

SUBJECT OF INSURANCE

Systems and Equipment: Data processing systems including equipment and component parts and air conditioning equipment 24,000 BTU/hr or over used exclusively in Data Processing Operations owned by the Insured or leased, rented or under the control of the Insured, are insured against all risk of loss or damage while on premises, in transit, or temporarily removed from the main Data Processing location.

Media: Active data processing media including programmes being property of the Insured or property of others for which the Insured may be liable. This includes all forms of converted data, programmes, and/or instructional material used by the Insured, including the cost of restoring data. Media is insured against all risk of loss or damage while on premises, in transit or while temporarily removed from its main location.

Extra Expense: Extra expense incurred by the Insured in order to continue "as nearly as practicable the normal operation of its business" in the event the Data Processing system or media is damaged or destroyed by an insured peril. Coverage includes the expense of using other property or facilities and/or any other necessary emergency expenses,

Business Interruption: " This form of protection picks up where extra expense leaves off. Coverage includes your customary profit level after a disaster has forced you to either slow down your usual scale of operations, or to close down business operations entirely.

" **Note:** This cover is applicable ONLY where the Data Processing system is used for time sold to others.

APPLICATION

Data Processing Insurance Extension

Location			Replacement Cost	Media/Software	Extra Expense
Item	Occupancy	Address	\$	\$	\$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Totals:					

(if not enough space attach a separate sheet)

Business Interruption \$ _____ at location # _____ (Time sold to others)

1. ALL locations and values included in the above sections, which are owned, leased, rented or under the control of the Insured?

Yes or No (circle one - if "no", please explain).

2. Specify your preferred deductible option (i.e. \$250., \$500., \$1,000. or \$ _____)

NOTE: Losses due to breakdown or disturbance will be subject to a minimum deductible of \$1,000. If no maintenance agreement exists.

DATE: _____ SIGNATURE: _____

Section 3

Boiler & Machinery

1. Would there be a Boiler Exposure at any of the insured's locations?
(Boilers, Pressure Vessels (Fire and Unfired), Air Conditioning Units, Miscellaneous Electrical Apparatus).

Size of Air Conditioning Units, if any.

2. Contact person _____

Phone No. _____

SECTION 5 - WATERWORKS CO-OPERATIVE QUESTIONNAIRE

If available, attach a map of District showing boundaries and location of dams, if any.

1. Name/Location of District:
2. Mailing Address:
3. How long has the Water District been in operation?
4. Is the District licensed? Yes No (If yes provide copy).
5. Description of Water System and Number of Customers serviced:
 - a) Domestic
 - b) Industrial / Commercial
 - b) Farms
6. Nature of Operations:
 - a) Please indicate what facilities are included in this particular waterworks,
_____ Water Distribution Facility _____ Wastewater Collection Facility
_____ Water Treatment Facility _____ Wastewater Treatment Facility
 - b) Does the water utility operate the wastewater collection and treatment facilities?
_____ No
_____ Yes, please provide the following information

Who owns the sewers? _____ Who maintains the sewers? _____
What types of sewers are utilized?
_____ Storm Sewers _____ Sanitary Sewers _____ Combined Sewers
7. Describe source of water system, (ie, ground water / wells, surface water / rivers, reservoirs, irrigation canals):
8. Describe the Water Delivery System, including age, condition, filtering and construction of pipes:
9. Describe storage facilities, including reservoirs, tanks, dams or other, including location and age:
 - a) Dams (State Name, Age, Location, Dimensions and Water Rights Branch Dam Classification):
 - b) Reservoirs (State Location, Age and Capacity):
 - c) Miscellaneous Storage Tanks, etc.:

10. Sampling and Testing:

Waterworks must take regular and frequent samples of their treated water and have the samples tested for microbiological parameters and other health related parameters. Please provide the following information:

a) Name of laboratory responsible for testing for health-related parameters:

_____ SCC No: * _____
*Standard Council of Canada Accreditation Number

b) Does the staff of the waterworks test the water daily for operational parameters? ____ Yes ____ No

c) Number of staff employed by waterworks who are currently licensed to conduct testing for operation parameters: _____.

11. Provide details of water analysis records kept by the District.

12. Does the District have an emergency plan? (Details)

13. Is Water Purification/Treatment performed? Yes ____ No ____ Frequency? _____ By whom?
Details, including chemicals used and how purification /treatment is done:

14. Is the water guarded against vandalism? Details.

15. Is liability assumed under contract? (If yes, provide details and a copy of the contract).

16. Is Water Works District exonerated from liability for failure to Supply Water to their customers? Yes ____ No ____

If so, provide relevant copy of the Act (Incorporating the water works district) that exonerates the Water Works District.

17. Is the Water District currently in compliance with all relevant Provincial Laws and Regulations? If not, please explain in detail areas not in compliance and outline your plans for compliance.

18. Are major expansion, construction projects anticipated in the immediate future? Yes ____ No ____
(If yes give details).

19. State the number of employees in the District and their positions:

a) Gross payroll:

20. Annual number of Cubic Meters/Gallons of water sold:

a) Annual Receipts: \$ _____

21. Kind of work subcontracted:

a) Do subcontractors provide evidence of insurance?

b) Cost of work sublet \$ _____.

22. Details of any unlicensed mobile equipment owned or leased by the District.

23. Waterworks Inspection

Have the Provincial Authorities inspected the above named waterworks facility?

↑ Yes Date of Inspection _____ Certificate of Approval Number _____

a) are you complying with the conditions in the current Certificate of Approval?
_____ Yes _____ No

b) Please attach a copy of the most recent Certificate of Approval, including all conditions attached or Contained within.

24. Number of trenches or “manholes”? _____

Are they left open after hours? Yes _____ No _____.

25. Description of all operations undertaken by the District:

26. Provide 5 year history of past insurance and losses of the District.

PRIOR INSURANCE & PRIOR KNOWLEDGE

1. Do you currently have Liability Insurance for the waterworks for which you are requesting liability coverage?
_____ No _____ Yes, please specify;

Insurer	Limits	Deductible	Policy Period
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2. Has any person who will be insured under the policy of Insurance hereby applied for given notice under the provisions of any of the policies listed above, or any prior policies providing similar insurance, of (i) any claims which have not yet been finally and fully resolved, or; (ii) of any facts or circumstances which might give rise to a claim being made against any such person? _____ No _____ Yes

3. If the answer to the previous question was yes, please attach an additional sheet listing the particulars of all such claims, or facts or circumstances, including particulars of the amount of the claim or possible claim. Do you have any reason to believe that any such claim or possible claim is not covered by a current or previous policy or that this amount of such claim or possible claim may exceed the limits of any such policy?
_____ No _____ Yes

DECLARATION AND WARRANTY ON BEHALF OF NAMED INSURED

The undersigned authorized officer of the applicant declares that he/she has the legal capacity to make this declaration on behalf of the proposed Named Insured and declares that the statements set forth herein are true and accurate. It is understood that completion of this Water Operations Application Form Is a prerequisite for Water Operations liability coverage. Signing of this application does not bind the applicant or the Insurer to complete the insurance, but it Is agreed that this application shall be the basis of the contract should a policy be issued.

The undersigned hereby represents and warrants that, except for the claims or possible claims referred to in question 2 above, no person who will be an Insured under the policy of Insurance hereby applied for is aware of any claims, or facts or circumstances which might give rise to a claim, that would fall within the scope of the coverage hereby applied for.

All written statements and materials furnished to the Insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Any inaccuracies or omissions in this application or the written statements and materials furnished to the Insurer In conjunction with this application will void any liability coverage in respect to liability for Water Operations

ON BEHALF OF: _____

Print Name & Title

Signature

Date

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 <i>Fax No: 905-565-7992</i>
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	
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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: _____