

# A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

## RENTED, OWNER OCCUPIED or VACANT DWELLING APPLICATION

1) Name of Applicant: \_\_\_\_\_

2) Mailing Address: \_\_\_\_\_

3) Risk Address: \_\_\_\_\_

4) Lot size: \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

5) Amount of outstanding Mortgage: \$ \_\_\_\_\_

6) Existing Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Policy # \_\_\_\_\_

Will they renew?    Yes        No   

If no, give reason for non-renewal \_\_\_\_\_

Expiring terms and conditions (include rate, deductible and coverages): \_\_\_\_\_

\_\_\_\_\_

7) Has the Insured been cancelled/declined insurance? \_\_\_\_\_

If yes, please attach details \_\_\_\_\_

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

If yes, please provide details (i.e. date, cause of loss, gross amount paid including defense cost and deductibles, amount of outstanding loss, measures taken to prevent recurrence, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9) Are you aware of any incidence that may result in a claim?    Yes        No   

(If yes, please advise details) \_\_\_\_\_

\_\_\_\_\_

### 1. Occupancy:

Are the premises    Rented     Owner Occupied     or    Vacant  ?

If vacant, provide the following details:

1. How long has the premises been vacant? \_\_\_\_\_ (If more than one year, then we are unable to insure this risk)

2. Reason why the premises is vacant? \_\_\_\_\_

3. How long are the premises expected to remain vacant? \_\_\_\_\_

4. What are the future plans for the premises? \_\_\_\_\_
5. How often are the premises visited and by whom? \_\_\_\_\_
6. Are the premises heated? Yes  No
7. Is water turned off? Yes  No
8. Is gas (other than gas used for heating) turned off? Yes  No
9. Is routine maintenance performed Yes  No   
(If yes by whom) \_\_\_\_\_

## 2. Building Construction:

Walls	Type construction	No. of stories		Year Built	Year
Floor	Type construction	Area	Sqft/M <sup>2</sup>	Basement	Full or Partial
Roof	Type construction	Year Updated**	Year	0 - 100	% Completed
Wiring	Type	Year Updated**	Year	0 - 100	% Completed
Heating*	Type	Year Updated**	Year	0 - 100	% Completed
Plumbing	Type	Year Updated**	Year	0 - 100	% Completed

\*If heated with solid fuel, attached Solid Fuel Heating Questionnaire must be completed.

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

## 3. Fire Alarm / Detectors

Smoke /Heat	Yes <input type="checkbox"/> No <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Monitored <input type="checkbox"/>	Other (specify)
Pull Box	Yes <input type="checkbox"/> No <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"/>	None <input type="checkbox"/>
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)				
Other (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:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Deadbolt on Doors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (specify)
Perimeter Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>	3 <sup>rd</sup> Party Security	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (specify)

## 5. Liability

1. If vacant, is access to premises restricted? Yes  No

If yes, how? \_\_\_\_\_

2. Are premises fenced? Yes  No
3. Does the premises have a pool? Yes  No   
 If yes, is the pool adequately secured while the premises are vacant? Yes  No
4. If vacant, in what type of neighborhood is it located?  
 Residential  Industrial  Urban  Rural

<b>COVERAGES REQUIRED</b>			
<u>Coverage</u>	<u>Limits</u>	<u>Rate</u>	<u>Premium</u>
Building ACV <input type="checkbox"/> R.C. <input type="checkbox"/>			
Contents			
Rental Income			
Other (Specify)			
Including or excluding: Flood? _____ Earthquake? _____ Sewer Backup? _____ Coverage basis: Named Perils _____ or All Risks _____			

**Liability:**

C.G.L.			
Tenants Legal Liability			
Other (Specify)			

**\*\*\*COVERAGE SUBJECT TO THE FOLLOWING ENDORSEMENTS AND WARRANTIES: (additional conditions may also be applied upon underwriting review)**

**TENANTS RESTRICTION ENDORSEMENT – applicable to rented dwellings**

It is hereby understood and agreed that, notwithstanding any other condition on the wording of the Policy, there is no coverage against the perils of riot, vandalism or malicious acts where the cause of the loss is as a result of acts or omissions of the tenants of the property or the tenants' guests. Except as otherwise provided in this endorsement all terms, provisions and conditions of the policy shall have full force and effect.

**RIOTS, VANDALISM AND MALICIOUS ACTS – EXCLUSION ENDORSEMENT – applicable to vacant dwellings**

It is hereby understood and agreed that any damage resulting from riot, vandalism or malicious acts of the described premises is excluded from this Policy. It is also understood and agreed that this exclusion does not apply to loss or damage which results from ensuing fire, explosion or leakage from fire protection equipment.

Except as otherwise provided in this endorsement all limits, terms, conditions, provisions, definitions and exclusions shall have full force and effect.

**LIMITATION OF COVERAGE TO DESIGNATED PREMISES**

**Attached to and forming part of The Commercial General Liability Form**

This insurance applies only to “bodily injury”, “property damage”, “personal injury”, and medical expenses arising out of the ownership, maintenance or use of the premises and operations necessary or incidental to those premises described on the “Coverage Summary” in respect to this Form.

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

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? Yes \_\_\_\_ No \_\_\_\_  
If yes, how long have you placed insurance on this risk? \_\_\_\_\_

**DATE:** \_\_\_\_\_

**BROKER'S SIGNATURE:** \_\_\_\_\_