

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

201-339 Westney Rd S. Ajax, Ontario L1S 7J6

TEL. (905) 428 - 1269 FAX (905) 428-3977

BROKERS INFORMATION SHEET

CONTACT INFORMATION

Business Name _____

Registered Corporate Name: _____
(if different from above)

Company is: Corporation Partnership Sole Proprietor

Head Office Mailing Address: _____

Location Address(s): _____

Telephone Number: _____

Fax Number: _____

Website: _____

E-Mail Address _____

Main Contact: _____

Name of Owners/Principals: _____

1. Name of Bank and Branch: _____ Contact _____
2. Does Brokerage maintain a separate general insurance trust account Yes _____ No _____
If no, why not _____
3. Do you carry E&O coverage? Yes _____ No _____
If yes please advise limits, name of carrier and expiry date of policy _____
4. What is your provincial license number(s) e.g. RIBO, Insurance Council? _____
5. Do you write business in other provinces? Yes _____ No _____
If yes in which provinces do you write and what is your license number? _____

6. Do you have a credit margin? Yes _____ No _____ If yes, what is the limit? _____
7. Are your Company accounts on a current basis? Yes _____ No _____
Check off number of days _____ 30days _____ 45 days _____ 60 days
8. Do you pay on your own statement _____ or Company Statement _____
9. What percentage of your business is direct bill: _____
10. Does your brokerage finance premium? Yes _____ No _____
If yes indicate which of the following you use.
a) In house _____ CAFO _____ AIG Credit _____ Other (specify) _____
b) What is the usual amount of time before funds are released from financiers? _____ Days.
11. List any insurers of which the principal of the Brokerage has provided personal guarantees:
12. Has Brokerage (or any principal of Brokerage) ever been declared bankrupt or gone into voluntary liquidation? Yes _____ No _____

Attach copy of latest audited financial statement

20. Describe any shock losses over \$50,000 that may have affected the above results:

21. Names of Insurers no longer doing business with Brokerage during the past 3 years:

Company	Reason

22. Names of Insurers who have been added during the past 3 years:

Company	Reason

22. Is Brokerage interfaced with other Companies? Yes _____ No _____

23. If yes, please list below other Companies you are interfaced with and what functions you are doing with each:

Company	Upload	Download	E-Mail

24. What vendor Management System are you currently using? _____

25. What version: _____

26. Is your Brokerage connected to the Internet? Yes _____ No _____

27. Does brokerage currently have a home page on the Internet? Yes _____ No _____

If yes, please provide URL address: _____

28. Please indicate your 3 yr volume commitment to A.M. Fredericks Underwriting Mgmt Ltd:

1st year		2nd year		3rd year	
G.W.P.	L/R	G.W.P.	L/R	G.W.P.	L/R

29. Please provide details of strategy to provide the above plans:

New Business Development Strategy -

G.W.P. Strategy (Targets, Niches/Area of focus) -

Loss Ratio Strategy -

Strategy for Hiring/Developing/Retaining Producers -

Strategy for gaining a Competitive Advantage -

Company Representative Strategy -

As part of our evaluation process, we may require the assistance of your other markets and/or credit reporting organizations for further information. Your signature below indicates your approval to contact your other markets and/or credit organizations.

Signature: _____ Date: _____

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.

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. I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INSURER(S) AND MY BUSINESS.

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 Mgmt Ltd.
201-339 Westney Rd S
Ajax, Ontario
L1S 7J6
Tel: 905-428-1269 Ext 109
Fax: 905-428-3977

Our Insurers privacy contact are as follows:

John W. Martin 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.: 416-366-4330	Tom Mallozzi Kingsway General Insurance 5310 Explorer Drive, Ste 200 Mississauga, Ontario L1S 4S2 Tel No: 905-629-7888 Ext 8843 <i>Fax No: 905-629-5008</i>
Harold Chang Ecclesiastical Insurance 2401, Suite 502, 2300 Yonge St. Toronto, Ontario M4P 1E4 Tel No: 416-484-4908 Fax No: 416-484-6352	Paul Krpan The Citadel Assurance 1075 Bay Street Toronto, Ontario M5S 2W5 Tel No: 416-928-5557 Fax No: 416-928-5553

Client(s) acknowledge receipt of and agree to the Privacy Disclosure and Consent provisions contained in page 1 of this form.

DATE (DD/MM/YY):

SIGNATURE OF APPLICANT:

PRINT NAME OF APPLICANT AND TITLE