

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

BUILDERS RISK APPLICATION

1. Name of Applicant: _____
2. Mailing Address: _____
3. Principal's Name and Phone No.: _____
(For inspection purposes)
4. Name of Project: _____
5. Address of Project: _____
6. Description of Project: _____

7. Project Participant(s): Owner; _____
Project/Construction Manager; _____
General Contractor; _____
8. Provide experience of the Project Participants: _____

9. Does the Applicant require subcontractors to provide proof of insurance?
If yes, provide details and limits required. _____
10. a) Provide period from which insurance is required;
From _____ To _____
b) If multiple structures, please provide schedule date of expected completion for each structure. _____
11. Construction Information:
Height of Structure: _____ No. Of Storeys: _____
Total Area: _____ Framing: _____
Cladding or Exterior Wall Material: _____
Roof Construction: _____ Floors: _____
12. Site Information. Please provide site plan showing the following:
 - a) Each Building to be constructed.
 - b) Approximate Value of each building.
 - c) Distance between each building.
 - d) Distance between each block of buildings.
 - e) Distance to existing structures.
 - f) Distance to operational fire hydrants.
 - g) Location of site security.
13. Site Development.

- a) Describe methods to employ firebreaks between structures.
- b) Will project be constructed in accordance to geotechnical recommendations?
- c) Will roads be in place to allow emergency vehicles access to the site?

14. Site Security:

a) Please provide complete details of site security for operational and non-operational hours. _____

b) Is a Third Party Security Company used? If yes, is proof of insurance obtained and for what limit of liability? _____

15. Off site Storage Location (if over \$50,000 in values) please provide estimate exposed values and details of security at site. _____

16. Location Information:

a) Distance to nearest Fire Department: _____

b) Private Fire Protection: _____

c) Will the project be sprinklered? If yes, at what stage of the projects development? _____

d) Is the site Flood or Earthquake exposed? If yes, please advise past history? _____

i) What is the distance to nearest body of water? _____

ii) What steps will be taken to protect the project from damage from both Flood and Earthquake exposures? _____

17. Will a Hot Work Permit system be employed? Yes ___ No ___

18. How often is debris removed from the site? _____

19. How is debris stored on site until it is remove? _____

20. Will the burning of debris be permitted on site? _____

21. Estimate Project Values: (Attached schedule of cost and timelines if available)

Hard Cost: \$ _____

(Labour, materials, professional fees to enter into and form part of the project)

Soft Cost: \$ _____

(Finance costs, additional interest, leasing and marketing expenses, legal and accounting expenses, other carrying cost)

Other Property to be insured: \$ _____

(Existing structures, equipment to be furnished by the owner, contractor's equipment etc.)

Off site storage: \$ _____

22. Transit:

- a) **Please provide details, i.e. Location or origin, shipped F.O.B. to project site, method of transportation etc.** _____
- b) **Total Cost: \$** _____
- c) **Average Value per Shipment: \$** _____
- d) **Value of largest Shipment: \$** _____

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 <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	

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? Yes ___ No ___

If so, for how long? _____

2. Source of this Submission

New to your office Yes _____ No _____

Remarketing existing account Yes _____ No _____

Sub-Brokered Yes _____ No _____

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

DATE: _____

BROKER'S SIGNATURE: _____