

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

FIREARMS AND AMMUNITION APPLICATION

1) Broker: _____ Attn: _____ Date: _____

2) Name of Applicant: _____

Name(s) of Principal(s): _____

3) Mailing Address: _____

4) Risk Address: _____

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

1. _____

2. _____

5) Applicant is: Owner Tenant

Occupied by Applicant as: _____

By Others as: _____

6) Number of years in business: _____ At current location: _____

7) Contact name & phone no. _____
(for inspection purposes)

8) Existing Insurer: _____ Expiry Date: _____ Policy # _____

Will they renew? Yes No

If no, give reason for non-renewal _____

Expiring Premium \$ _____ Deductible \$ _____

Coverage terms & conditions _____

9) Has the Insured been cancelled/declined insurance? Yes No

If yes, please attach details _____

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

If yes, please provide details, i.e. Date, type of loss, gross amount paid including defense cost and deductibles, amount of outstanding loss and steps taken to prevent reoccurrence?

11) Are you aware of any incidents that may result in a claim? Yes No
(If yes, please advise details) _____

12) Financial: Please attach a copy of your latest audited financial statement.

1. Occupancy: (Describe the operation of the Insured including process description, if applicable.)

2. Building Construction:

Walls:		No. of stories:		Year Built:	
Floor:		Area Sqft or M2:		Basement:	
Roof:		Year Updated*		% Completed:	
Wiring:		Year Updated*		% Completed:	
Heating:		Year Updated*		% Completed:	
Plumbing:		Year Updated*		% Completed:	
Exposure:	<u>North</u>	<u>South</u>	<u>East</u>	<u>West</u>	

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

3. Fire Alarm / Detectors

Sprinklers ___%	No <input type="checkbox"/> Yes <input type="checkbox"/>	Central Station <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Wet <input type="checkbox"/> or Dry <input type="checkbox"/>
Smoke /Heat:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Central Station <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Other (specify):
Pull Box:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Central Station <input type="checkbox"/>	Local Alarm <input type="checkbox"/>	Other (specify):
Hydrant(s):	Within 75m <input type="checkbox"/>	Within 150m <input type="checkbox"/>	Over 150m <input type="checkbox"/>	Other (specify):
Portable Extinguishers (Specify Type and how many):			Type _____	How Many _____
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"/>	

4. Burglary Alarm System(s)

Interior (Infrared or Motion detection including line security to Central Station):		No <input type="checkbox"/> Yes <input type="checkbox"/>
Full Perimeter (contacts on doors and windows to Central Station):		No <input type="checkbox"/> Yes <input type="checkbox"/>
Shatter Proof Glass (Lexan®):		No <input type="checkbox"/> Yes <input type="checkbox"/>
Smoke Cloak® System or similar device:		No <input type="checkbox"/> Yes <input type="checkbox"/>
Is Alarm System ULC Rated:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Name of Monitoring Company:
Bars on Windows and Doors:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Deadbolt on Doors: No <input type="checkbox"/> Yes <input type="checkbox"/>
Double Entry System (Man Trap):	No <input type="checkbox"/> Yes <input type="checkbox"/>	Perimeter Lighting: No <input type="checkbox"/> Yes <input type="checkbox"/>
3 rd Party Security (specify):	No <input type="checkbox"/> Yes <input type="checkbox"/>	Guard Dog: No <input type="checkbox"/> Yes <input type="checkbox"/>
Safe:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Class of Safe:
Make of Safe:		Dimensions:

5. LIABILITY SURVEY OF HAZARDS – To be completed if a CGL quote is required.

(1) Business:

- (1) Describe all operations in detail _____

- (2) Hours of operation _____ to _____ Days per week: _____
- (3) What Products does the Applicant's Firearms License permit them to sell? _____

- (4) Attach brochure(s) if any. _____
- (5) Any U.S. exposure? If so, describe _____
- (6) Any other foreign country exposure? If so, describe _____

(2) Products manufactured including reloading of ammunition, handled, sold and distributed indicate type i.e. Long Guns, Restricted Guns and gross sales and complete the attached Products Liability Insurance Supplement.

Type of Product	Gross Annual Sales		
	Canada	U.S.	Other
a)	\$	\$	\$
b)	\$	\$	\$
c)	\$	\$	\$
d)	\$	\$	\$
e)	\$	\$	\$

- (3) Works sub contracted out.** A) Cost of work Sub-Let: \$ _____
 B) Type of Work? _____
- (4) Are sub-contractors required to carry liability insurance?** Yes No
 If yes specify limits required. \$ _____
- (5) Do you ask sub-contractors to submit liability certificates?** Yes No
- (6) Do you enter into formal contractual agreements with your sub-contractors?** Yes No
 If yes, do you include a "Hold Harmless" clause in your favour? Yes No
 Submit copy of usual contract form.
- (7) Are all employees covered by Workmen's Compensation?** Yes No
If No:
(1) Give number and type of employees not covered by Workers Compensation _____
(2) Actual Payroll of these employees. \$ _____
- (7A) Is Employers' Liability required?** Yes No

If yes, advise number and occupation of employee: _____

(8) Tenants Legal Liability

- (a) Location of Premises: _____
(b) Amount to be insured? _____
(c) Is there a lease agreement? Yes No
If yes, provide a copy. _____

(9) Do you participate in manufacturing or supply of replica firearms for theatre, film & advertising activities? Yes No

(10) Do you engage in any of the following operations?

(a)	Welding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b)	Reloading Ammunition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c)	Gunsmith	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d)	Other Repair or Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e)	Trades Shows / Gun Shows	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f)	Target Shooting / I.P.S.C. Events	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g)	Interprovincial Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(h)	Intraprovincial Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(i)	International Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(j)	Issuance of Hunting and Fishing Licenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(11) Details of operations involving the use of welding equipment, blowtorches, or other similar equipment away from premises _____

(12) State Limit of Liability Required \$ _____ **Inclusive Limit**
Each Occurrence & Aggregate Products/Completed Operations

Included in our CGL are the following coverage's:

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 Insured's/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

<input type="checkbox"/>	Broad Form Vendors	
<input type="checkbox"/>	Employee Benefits E&O	Limit \$ _____
<input type="checkbox"/>	SEF/OEF/QEF #94 - PP & LC only	Limit \$ _____
<input type="checkbox"/>	Employers Liability	Limit \$ _____
<input type="checkbox"/>	Voluntary Compensation	
<input type="checkbox"/>	Other (specify) _____	

Perils: All Risks (A.R.) Named Perils (NP) Valuation: Replacement Cost (R.C.) Actual Cash Value (ACV)

COVERAGES REQUIRED						
PERILS	COVERAGES	DED	CO-INS	LIMITS	RATE	PREMIUM
	Building					
	Stock					
	Equipment					
	Profits		100%			
	Gross Earnings		80%			
	Extra Expenses		40/70/90/100			
	Rents		100%			
	Accounts Receivable					
	Office Equipment					
	Office Computers					
	Sign Floater					
	Glass					
	Other (Specify)					
	Broad Form Money					
	In-Out Hold-up					
	CGL					
	TLL					
	Other (specify)					
	Boiler & Machinery					

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

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 wilfully makes a false statement in respect of a claim under the Contract.

COVERAGE SUBJECT TO THE FOLLOWING ENDORSEMENTS AND WARRANTIES:

(Additional conditions may also be applied upon underwriting review)

Clause 19. – Firearms Storage.

It is hereby warranted by the Insured and is a condition of this Policy of Insurance that all firearms must be displayed or stored in a secure fashion. In so doing make firearms inoperable with a secure locking device, such as trigger lock and lock firearm in a display case or cabinet or securely attached all firearms with a chain or metal cable passed through trigger guard or metal bar with both ends attached by a lock to a wall or permanent fixture so that only owner or employee can detach.

The Policy of Insurance will cease to cover any loss resulting from the failure to comply with the above conditions of the above mentioned warranty.

Coverage Territory Limitation
(Canada Only)

Attached to and forming part of The Commercial General Liability Form

This insurance is limited as follows:

Clause 5. “Coverage territory” of SECTION V – DEFINITIONS is deleted and replaced by the following:

5. “Coverage territory” means:

(a) Canada;

(b) International waters or airspace, provided the injury or damage does not occur in the course of travel or transportation to or from any place not included in (a) above.

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	Director of Compliance
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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	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 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: _____