

**A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.**

**INSTALLATION FLOATER APPLICATION**

1) Broker: \_\_\_\_\_ Attn: \_\_\_\_\_ Date: \_\_\_\_\_

2) Name of Applicant: \_\_\_\_\_

Name(s) of Principal(s): \_\_\_\_\_

3) Mailing Address: \_\_\_\_\_

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

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

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

4) Number of years in business: \_\_\_\_\_

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

Will they renew?                      Yes                          No   

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

Expiring premium, coverage terms and conditions: \_\_\_\_\_

\_\_\_\_\_

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

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

7) 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Are you aware of any incidents that may result in a claim?    Yes                          No   

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

\_\_\_\_\_

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

10) Description of Operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11) What percentage of total work performed includes the following:

<b>Work Performed</b>	<b>Percentage (%)</b>
New Construction	
Renovations	
Roofing	
Electrical	
Heating	
Plumbing	
Underground	
Other (please specify)	

12) What is the maximum value exposed at anyone location? \$ \_\_\_\_\_

13) What is the Average value exposed at anyone location? \$ \_\_\_\_\_

14) Average job Duration; 10 days or less \_\_\_ 11 to 15 days \_\_\_ 16 to 20 days \_\_\_  
 21 to 30 days \_\_\_ 31 to 60 days \_\_\_ Over 60 days \_\_\_

15) List the annual gross receipts for the last three years and estimate for the next twelve months.

<b>Years (last 3 years)</b>	<b>(\$)</b>
<b>Estimate for the next twelve months</b>	<b>(\$)</b>

16) Specify the radius or operations:

0-100 km \_\_\_ 101-150km \_\_\_ 151-250km \_\_\_ 251-500km \_\_\_ Over 500km \_\_\_

17) What is the Maximum value exposed on anyone conveyance? \$ \_\_\_\_\_

18) What is the Average value exposed on anyone conveyance? \$ \_\_\_\_\_

19) Specify the Limits of Liability required in any one loss or series of losses arising out of the same event including General Average and Salvage Charges or other expenses or all combined.

In respect of property at any one location \$ \_\_\_\_\_

In respect of property on any one conveyance \$ \_\_\_\_\_

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 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 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: \_\_\_\_\_