

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

TRANSPORTATION APPLICATION

1. Name Of Applicant: _____

2. Address: _____

3. Number of years in business: _____

4. Annual Sales: \$ _____ Percentage of Sales FOB : _____ %

5.

6. Annual Value of all Shipments at your risk (interplant, incoming, outgoing):

Transportation	% of Loads	0-250km	251-500	Over 500	Annual Values	Maximum any one Shipment
Rail						
Public Truckmen						
Contract Truckmen						
Own Vehicles						
Air						
Waterborne Coastal, River & Gulf						

7. Do you transport property of others? Yes No If yes, give details. _____

8. List all locations to be insured under this policy. On a separate page include construction details, complete address and postal code, describe burglary/fire alarms, state if ULC listed or not and give expired dates of certificates, detail available public and private fire protection including whether building is sprinklered and if wet or dry system. Provide details of other specific protection available.

<u>Location</u>	<u>Maximum Values</u>	<u>Average Values</u>	<u>Limit of Liability</u> (Desired)

9. Describe your vehicles: _____

Type of Vehicle	Number of Vehicles	
	Owned	Leased
Tractor		
Semi-Vans		
Semi-Flatbed		
Tanker		
Reefers		
Hiabs/Cranes		
Other		

10. General information:
 Does Applicant obtain MVRs on all drivers? Yes No
 If yes, please provide copies of all MVRs.
 Is there a vehicle maintenance programme in effect? Yes No
 Are vehicles equipped with alarms? Yes No
 If yes, give details _____

Are vehicles left unlocked or unattended? Yes No

Describe terminal security's fire protection _____

11. Loss record for the past 5 years – Include date(s), cause of loss, dollar amount of each claim and indicate whether loss is net of deductible. (attach separate sheet if necessary) _____

12. Current coverage:
 Broad Form _____ Named Perils _____ Incl. Theft _____
 Deductible \$ _____ Present Insurer _____ Premium \$ _____
 Will they renew? Yes No
 If no, give reason for non-renewal _____

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 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? 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: _____