



FIREARMS AND AMMUNITION APPLICATION

DATE:

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Broker

Attn

AMF Broker Number

Name of Applicant

Name(s) of Principal(s)

Website Address

Contact Name (for inspections)

Contact Phone Number

Mailing Address

Risk Address

Description of Operations

If additional space is needed to answer any questions, please use the blank page included with this form on page 6.

Year Business Started

Number of years of experience

Existing Insurer

D	D	M	M	Y	Y
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Expiry Date

Policy Number

Will they Renew? Yes No

If No, give reason for non-renewal

Expiring Premium

Limits

Deductible

Terms & Conditions:

Has the Applicant been Cancelled/Declined Insurance? Yes No

If Yes, please attach details

Has the Applicant had any losses/claims for the last five (5) Years? Yes No

If Yes, please provide details, i.e. date, type of loss/claim, gross amount paid including defense cost and deductibles, amount of outstanding loss and steps taken to prevent reoccurrence:

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

If Yes, please advise the details:



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Property Section

Building Construction

Walls (Type of Construction) _____	Number of Stories _____	Year Built _____
Floor (Type of Construction) _____	Area _____	<input type="checkbox"/> FT ² <input type="checkbox"/> M ² _____
Roof (Type of Construction) _____	Year Updated _____	% Completed _____
Wiring (Type) _____	Year Updated _____	% Completed _____
Heating (Type) _____	Year Updated _____	% Completed _____
Plumbing (Type) _____	Year Updated _____	% Completed _____
Surrounding Exposure	North _____	South _____
	East _____	West _____
Occupancy by Others _____		

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

Mortgagee 1 _____

Mortgagee 2 _____

Fire Alarm/Detectors

Sprinklers _____ % Monitored Local None **Smoke/Heat** Monitored Local None

Pull Box Yes No _____
 Other (specify) _____

Hydrant(s) Within 75m Within 150m Over 150m _____
 Other (specify) _____

Fire Department (Distance) Within 3km Within 5km Within 10km Over 10km _____
 Other (specify) _____

Fire Department (Type) Paid Volunteer Part Paid / Part Volunteer

Portable Extinguishers _____
 Specify _____

Burglary Alarm System(s)

Interior (Infrared or Motion) None Central Station Monitored Local

Perimeter (Contacts on Doors and Windows) None Central Station Monitored Local

Other Measures Shatter Proof Glass (Lexan) Smoke Cloak System or similar device
 Bars on Windows and Doors Deadbolt on Doors
 Double Entry System (Man Trap) Perimeter Lighting
 3rd Party Security Guard Dog

 Other (specify) _____

Make of Alarm: _____

Monitoring Company: _____

Safe: Yes No

 Class _____
 Dimensions _____



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Liability Section

(To be completed if a CGL quote is required.)

Are any of the premises leased or rented in their entirety to others who control and operate the premises? Yes No N/A

Elevators - Escalators:

(a)	_____	_____	_____
	Number	Location	Description
(b)	_____	_____	_____
	Number	Location	Description
(c)	_____	_____	_____
	Number	Location	Description

Products manufactured, handled, sold and distributed - Indicate type and gross sales and complete the [Products Liability Supplement](#).

Gross Annual Sales

(a)	_____	_____	_____	_____
	Type of Product	Canada	U.S.	Other
(b)	_____	_____	_____	_____
	Type of Product	Canada	U.S.	Other
(c)	_____	_____	_____	_____
	Type of Product	Canada	U.S.	Other

Detail fully and breakdown type(s) of operations and work performed by Insured:

(a)	_____	_____	_____	_____
	Operations	No of Employees	Payroll	Gross Annual Receipts
(b)	_____	_____	_____	_____
	Operations	No of Employees	Payroll	Gross Annual Receipts
(c)	_____	_____	_____	_____
	Operations	No of Employees	Payroll	Gross Annual Receipts

Any U.S. Exposure? Yes No If Yes, Extent: _____

Any U.S. Installation? Yes No If Yes, Extent: _____

Contractual: List all lease agreements, railway siding agreements, etc. (Obtain copies of agreements where possible)

(a) _____

(b) _____

(c) _____

Work Sublet Out (a) Cost of work Sub-Let: \$ _____

(b) Type of Work? _____

Are sub-contractors required to carry liability insurance? Yes No If Yes, specify limits: _____

Do you ask sub-contractors to submit liability certificates? Yes No

Are you added as an additional Insured to their Policy? Yes No

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? (Submit copy of usual contract form) Yes No

Are all employees covered by Workmen's Compensation? Yes No

If No: _____
 Give number and types of employees not covered by Workmen's Compensation

_____ Gross Payroll of these employees (\$)



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Liability Section - cont...

Is Employers' Liability Required? Yes No _____
 If Yes, advise number and occupation of employees

Tenants Legal Liability

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

Is there any use of radioactive materials? Yes No _____
 If yes, what kind?

- Do you engage in any of the following operations?
- | | |
|--|---|
| <input type="checkbox"/> Welding | <input type="checkbox"/> Target Shooting /I.P.S.C. Events |
| <input type="checkbox"/> Reloading Ammunition | <input type="checkbox"/> Interprovincial Transportation |
| <input type="checkbox"/> Gunsmith | <input type="checkbox"/> Intraprovincial Transportation |
| <input type="checkbox"/> Other Repair or Work | <input type="checkbox"/> International Transportation |
| <input type="checkbox"/> Trade Shows / Gun Shows | <input type="checkbox"/> Issuance of Hunting and Fishing Licenses |

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

Does Forest Fire Prevention Act apply? Yes No

Do you have special agreements with Dept. of Lands and Forests? Yes No

What Products does your Firearms License permit you to sell? _____

State Limit of Liability Required: \$ _____
 Each Occurrence Aggregate Products - Completed Operations

The following coverages may be included in our CGL:

- | | |
|---|--|
| <ul style="list-style-type: none"> • 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 • Advertising Liability | <ul style="list-style-type: none"> • Owners/Contractors Protective • Separation of Insureds/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 • Employment Practices Liability • Products Recall Expense Extension |
|---|--|

✓ CHECK ADDITIONAL CGL COVERAGE REQUIRED

- | | | |
|--|-------|------------|
| <input type="checkbox"/> Broad Form Vendors | _____ | Limit (\$) |
| <input type="checkbox"/> Employee Benefits E&O | _____ | Limit (\$) |
| <input type="checkbox"/> SEF #94 - Private Passenger & Light Commercial under 2,800Kg. | _____ | Limit (\$) |
| <input type="checkbox"/> SEF #96 - Contractual Liability Endorsement | _____ | Limit (\$) |
| <input type="checkbox"/> Employers Liability | _____ | Limit (\$) |
| <input type="checkbox"/> Voluntary Compensation | _____ | Limit (\$) |
| <input type="checkbox"/> Forest Fire Fighting Expense | _____ | Limit (\$) |
| <input type="checkbox"/> Abuse Endorsement | _____ | Limit (\$) |
| <input type="checkbox"/> Other: _____ | _____ | Limit (\$) |
| <input type="checkbox"/> Other: _____ | _____ | Limit (\$) |



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Required Coverage Section

Perils: All Risks (AR) Named Perils

Valuation: Replacement Cost (RC) Actual Cash Value (ACV)

Coverages Required					
Coverages	DED	CO-INS	Limits	Rate	Premium
Building					
Contents					
Consequential Loss					
Profits					
Gross Earnings					
Extra Expenses					
Rents					
Glass					
Sign Floater					
Office Equipment Floater					
C.E.F.					
Boiler & Machinery					
Including or Excluding: Flood <input type="checkbox"/> Yes <input type="checkbox"/> No Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No Sewer backup: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Crime & Liability					
Broad Form Money & Securities					
In and Out Hold-up					
CGL					
TLL					

Abuse and Employment Practices Disclosure

I have no knowledge of any past or pending claims against my company with respect to abuse including allegations of sexual abuse, or, any other employment practices violations including wrongful dismissal and discrimination. Agree Disagree

If disagree provide details: _____

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. All firearms must be made inoperable with a secure locking device, such as a trigger lock, and locked in a display case or cabinet, or securely attached with a chain or metal cable passing through a trigger guard or metal bar, with both ends secured by a lock to a wall or a permanent fixture that only the store owner or employees 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.



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Additional Information related to Application

(Extra Risk Locations, Mortgagees, etc.)



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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 Quebec 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, 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 can be found:

<http://www.amfredericks.com/privacy.php>

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

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Broker Survey

(Questions to be answered by the Broker)

1. Do you know the Applicant Personally? Yes No

If Yes, for how long?

2. Did you receive the order direct from the Applicant? Yes No

If No, from whom and why?

3. Do you handle other Insurance for the Applicant? Yes No

If yes, which coverages.

4. Do you recommend this risk in every respect? Yes No

If no, please explain

5. Is this risk a renewal to your Office? Yes No

If yes, how long have you placed the risk?

6. Are you licensed broker in the province wher the risk is located? Yes No

DATE:

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Broker's Signature _____