

FIREARMS AND AMMUNITION APPLICATION



An SWG Company

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977

DATE:

D	D	M	M	Y	Y
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Broker

Attn

SWGS 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

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:

Property Section

Building Construction

Walls (Type of Construction) Number of Stories Year Built
Floor (Type of Construction) Area FT2 M2 Basement
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 - 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, Agree Disagree any other employment practices violations including wrongful dismissal and discrimination.

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.

Additional Information related to Application
(Extra Risk Locations, Mortgagees, etc.)

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 Brunswick 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 le Nouveau-Brunswick 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.

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 PrivacyOfficer@swgins.com

1815 Ironstone Manor
Pickering, Ontario
L1W 3W9
Tel: 905-428-1269
Fax: 905-428-3977

Our Privacy Policy and Commitment to Protecting Your Privacy

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.

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:

D	D	M	M	Y	Y
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Broker's Signature _____