

# GENERAL LIABILITY APPLICATION



swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977 Formerly A.M. Fredericks Underwriting Management Ltd.

\_\_\_\_\_  
Broker

DATE: 

D	D	M	M	Y	Y
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\_\_\_\_\_  
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 4.

\_\_\_\_\_  
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 and Conditions:

Has the Applicant been Cancelled/Declined Insurance?  Yes  No

\_\_\_\_\_  
If Yes, please advise reason.

Has the insured 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 costs and deductibles, amount of outstanding losses 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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### 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 on page 4:

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

### 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

### Show in detail 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 (Past/Present/Future):  Yes  No If Yes, Extent: \_\_\_\_\_

Any U.S. Installation (Past/Present/Future):  Yes  No If Yes, Extent: \_\_\_\_\_

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

(a)	_____
(b)	_____
(c)	_____

Work Sublet Out (a) Cost of work Sublet: \$ \_\_\_\_\_

(b) Type of Work? \_\_\_\_\_

Are subcontractors required to carry liability insurance?  Yes  No If Yes, specify limits: \_\_\_\_\_

Do you ask subcontractors 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 subcontractors?  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

\_\_\_\_\_ Actual Payroll of these employees (\$)

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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"/> Demolition or wrecking | <input type="checkbox"/> Use of Explosives                             |
| <input type="checkbox"/> Shoring                | <input type="checkbox"/> Raising or moving of buildings and structures |
| <input type="checkbox"/> Underpinning           | <input type="checkbox"/> Tunneling                                     |
| <input type="checkbox"/> Caisson Work           | <input type="checkbox"/> Welding                                       |
| <input type="checkbox"/> Excavation             |  |

**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 or equivalent?  Yes  No

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"> <li>• Non-Owned Automobile-Excluding Long Term Leased Vehicles</li> <li>• Products &amp; Completed Operations</li> <li>• Employees as Additional Insureds</li> <li>• Contingent Employer's Liability</li> <li>• Broad Form Property Damage</li> <li>• Blanket Contractual Liability-Non-Reported</li> <li>• Personal Injury</li> <li>• Medical Payments Limits - \$2,500 each person/\$25,000 aggregate any one Occurrence</li> <li>• Advertising Liability</li> </ul> | <ul style="list-style-type: none"> <li>• Owners/Contractors Protective</li> <li>• Separation of Insureds/Cross Liability</li> <li>• Bodily Injury &amp; Property Damage to Protected Persons &amp; Property</li> <li>• Broad Form Automobile</li> <li>• Attached Machinery</li> <li>• Tenants Legal Liability - Broad Form - \$100,000 Limit</li> <li>• Pollution Exclusion - Hostile Fire Exception</li> <li>• Incidental Medical Malpractice</li> <li>• Products Recall</li> <li>• Employment Practices Liability</li> </ul> |
|---|--|

**✓ 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"/> Faulty Workmanship  | _____      |
|  | Limit (\$) |
| <input type="checkbox"/> Other: _____  | _____      |
|  | Limit (\$) |

**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 New 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 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

201-339 Westney Rd. S.  
Ajax, Ontario  
L1S 7J6  
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: 

D	D	M	M	Y	Y
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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
---	---	---	---	---	---

Broker's Signature \_\_\_\_\_