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

SWG SPECIALTY
Formerly A.M. Fredericks Underwriting Management Ltd.

Name of Applicant

List the Province(s) in which you are licensed to transact buisness:

Provide the Life/Life and Accident & Sickness Insurance License Number: License Number

Provide the number of years you are licensed: Years

Provide the Mutual Fund License Number: License Number

Provide the numbers of years you are licensed: Years

Provide the number of Mutual Fund Dealers that you are registered with: Dealers

Provide the percentage of your gross premium and the volume written from the last fiscal year period attributable to the following:

Individual Life Products

	Percentage	Dollar Amount
Life		
Disability/Critical Illness		
Long Term Care		
Accident & Sickness		
GICs		

Group Employee Benefits

	Percentage	Dollar Amount
Life		
Health and Dental		
Pensions		
Group RRSPs		

PERCENTAGE TOTAL should equal 100%

Financial Products

	Percentage	Dollar Amount
Mutual Funds		
Segregated Funds		
Fee for Service Planning		
Other (Describe)		

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Provide the percentage of business placed from the last fiscal period attributable to the following:

Direct with Insurance Companies _____ Percentage

Through MGAs _____ Percentage

Through Brokers _____ Percentage

Through Retail Agencies _____ Percentage

Medical Charts or Graphs _____ Percentage

Other _____ Describe _____ Percentage

TOTAL should equal 100%

Provide the number of insurance policies sold last fiscal year: _____ Policies

What was the average premium per policy sold in the last fiscal year? _____ Average Premium

What was the largest policy sold in the last fiscal year in terms of limit and premium? Please provide the limit and premium and the number of policies sold for that limit:

List all insurance companies with whom you have an agency contact:

List all other insurance companies, specialty markets or brokers with whom you place buisness:

During the last 5 years, has any insurance company cancelled or refused to renew your agency contract? ☐ Yes ☐ No

If Yes, Provide the name(s) of the company(ies) and reason(s)

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If commission sales persons and/or sub brokers are to be included as additional named insured, provide the names(s) and annual gross premium volume:

Has the Applicant or any Owner, Officer or partner been subject to any insurance authorities disciplinary action? ☐ Yes ☐ No

If Yes, Provide details

How long do you keep your customers information/documentation on file?

Year

Print Name and Title

Signature of Applicant or Authorized Reprsentative

DATE: D D M M Y Y

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