

MUNICIPALITY APPLICATION



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DATE:

D	D	M	M	Y	Y
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Broker

Attn AMF Broker Number

Name of Applicant

Website Address

Mailing Address

Present Population Approximate km's of Streets:

Paved	Unpaved
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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

N.B. If additional space is needed to answer any questions, please use the blank page included with this form on page 16.

SECTION 1 Municipal Liability

Indicate which of the following departments or activities are administered directly, showing the number of employees under the following headings:

Department	Number of Employees
Garbage	
Firefighting including Administration	
Police	
Streets, Roads, Sidewalk Maintenance	
Sewer Work	
Water	
Recreation	
Gas Utilities	
All other Departments	

WATERWORKS DEPARTMENT

Indicate the total population serviced by the Applicant: _____

SEWAGE DEPARTMENT

Indicate the total population serviced by the Applicant: _____

PARKS & RECREATION

	Number of:	Gross Receipts
Arenas		
Skating Rinks		
Swimming Pools		
Wading Pools		
Bathing Beaches		
Skateboarding Facilities		
Grandstand/Bleachers		
Tennis Courts		
Community Halls		
Other Exposures:		

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Please provide a description of the programs administered by the Recreation Department (E.g. senior programs, etc)
 Attach Catalogue or provide web link, if available.

Website Address

Do you own or operate:

	Number of:	Total Hectares	
Cemeteries			
Libraries			
Museums		Receipts:	\$
Golf Courses		Receipts:	\$
Parking Lots		Spaces:	
Market Buildings			
Day Care Centres		No. of Children	
Medical Centres			

Please describe any other department or operations not listed above and include all details (e.g. Home for Aged, Health Unit)

Do you have any contractual agreements where you have assumed the liability of others? Yes No

If Yes, provide copies and details:

SECTION 2
Property

Please provide a complete summary of Building and Contents (of each building) indicating Replacement Value for insurance:

Location	Address	Occupancy	Replacement Cost Building	Replacement Cost Contents
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

* Complete attached form (page 4) for each location, which will provide us with complete underwriting details.

** if pump house is to be insured, please use separate form attached.

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Risk Management/Inspection Services (1 for each location on page 3)

Name of Applicant _____

Location No. _____ Location _____ Occupancy _____

Mark "X" for all that apply

General Info	Exterior Walls	Interior Walls	Walls - Finish
Year Built	Poured Concrete	Poured Concrete	Drywall
Height	Pre-cast Concrete	Pre-cast Concrete	Plaster
Gross Area	Brick on Block	Brick on Brick	Glazed Tile
Estimated Value	Solid Brick	Solid Brick	Wood (T&G)
Heritage Designation(Y/N)	Concrete Block	Concrete Block	Paneled
	Brick Veneer	Brick Veneer	Plywood
Building Protection	Steel on Steel	Steel on Steel	Aspenite
Standpipes	Heavy Timber	Heavy Timber	
Siamese Connectors	Metal Clad/Frame	Wood Stud	Wallpaper
Extinguishers	Frame	None	Paint
Fire Blankets	Fire Doors	Fire Doors	None
Auto WC/DC/C02			
Fire Doors	Roof	Roof Members	Roof Decking
Emergency Lighting	Year Replaced	Steel Joist	Concrete
Exit Signs	Any leaks last 3 years	Laminated Beams	Steel
	Covering	Heavy Timber	Mill >2"
Security		Wood Joists	Wood
24 Hr Occupancy			Aspenite
Watchman Service			
Fenced Premises	Roof Style	Floors	Finish
Exterior Lighting	Peak	Concrete	Terrazzo
	Sloped	Wood	Ceramic Tile
Alarms	Flat	Asphalt	Hardwood
Smoke Detector - Local	Dome	Gravel	Carpet
Smoke Detector - Monitored	Sloped	Dirt	Vinyl Tile/Linoleum
Heat Detector - Local		# of Elevators	Paint
Heat Detector - Monitored			None
Pull Stations - Local			
Pull Stations - Monitored			
Intrusion Alarm - Local	Ceilings	Heating	Electrical
Intrusion Alarm - Monitored	Acc/Susp Tile	Heat Pump	Conduit
Surveillance Cameras - Local	Plaster	Forced Air	BX
Surveillance Cameras - Monitored	Drywall	Electric Baseboard	Romex
	Metal	Unit-Heaters	Breakers
Sprinklers	Wood (T&G)	Infra-Red Radiant	Fuses
Wet Systems	Plywood	Central Air (BTU'S)	Borrowed
Dry Systems	Aspenite	Air Exchange Units	Back-up Generator
% of Building	Open to Deck	Year Updated	Transformers
		% Updated	Year Updated
	Boiler Room		% Updated
	Hot Water		
Municipal Fire Protection	Steam	Sewer	Plumbing
Full Time Brigade	Floor	City	Copper
Volunteer Brigade	Walls	Well/Septic	PVC
Miles to Fire Hall	Ceiling	Any sewer back-up last 3 years	Year Updated
Hydrants > 6'	Door Closure		% updated
	Door Class		

Contact Person for inspections: _____ Contact Telephone Number _____

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Please provide a complete list of unlicensed equipment indicating Replacement Value for Insurance:

	Year	Make	Serial Number	Replacement Value \$CAD
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
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19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

Replacement Value of Miscellaneous Equipment:

_____ \$CAD

Replacement Value of Fire Hall Contents and Firefighting Equipment (not permanently affixed to the vehicles)

_____ \$CAD

Replacement Value of all Radio Equipment:

_____ \$CAD

Replacement Value of all "Other" (please indicate)

_____ "Other" details

_____ \$CAD

_____ "Other" details

_____ \$CAD

_____ "Other" details

_____ \$CAD

**SECTION 3
Boiler & Machinery**

(A) Boilers

Do you have a Boiler? Yes No

If Yes, please provide:

Location - Address	Age of Boiler (No. of Years)	Size of Boiler

(B) Air Conditioning Systems

Do you have a Central Air Conditioning System? Yes No

If Yes, please provide:

Location - Address	HP	Tons	Maintenance Contract (indicate Yes or No)

(C) Pressure vessels

Do you have any other pressure vessels? Yes No

If Yes, are there any over 24 inches in diameter? Yes No

Please attach a copy of the Certificate.

SECTION 4

Claims Experience

CLAIMS EXPERIENCE - (all classes)

Please provide details of all claims incurred in the last 5 years:

**SECTION 5
Waterworks Questionnaire**

If available, attach a map of District showing boundaries and location of dams, if any

DATE:

D	D	M	M	Y	Y
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Name of Applicant

Name/Location of District

Mailing Address

How long has the Water District been in operation?

--	--	--	--

 No. of Years Is the District Licensed? Yes No If Yes, provide copy of most recent license.

Number of customers served: Domestic

--	--	--	--

 Number Industrial/Commerical

--	--	--	--

 Number Farms

--	--	--	--

 Number

Nature of Operations:

Please indicate what facilities are included in the particular waterworks:

Water Distribution Facility Yes No Wastewater Collection Facility Yes No
 Water Treatment Facility Yes No Wastewater Treatment Facility Yes No
 Does the Water Utility operate the wastewater collection and treatment facility? Yes No

If Yes, please provide the following information:

Who owns the Sewers? _____
Name

Who maintains the Sewers? _____
Name

Please indicate what types of sewers are utilized:

Storm Sewers Yes No Sanitary Sewers Yes No Combined Sewers Yes No

Describe source of water system (i.e., ground water, wells, surface water, rivers, reservoirs, irrigation canals)

Details

Describe the Water Delivery System, including age, condition, filtering and construction of pipes.

Describe storage facilities, including reservoirs, tanks, dams or other, including location and age:

Type	Name	Location	Age	Dimensions	Water Rights Branch Dam Classification
Dam					
Dam					
Reservoir					
Reservoir					
Storage Tanks					
Other(Describe)					

Sampling and Testing

Waterworks must take regular and frequent samples of their treated water and have the samples tested for microbiological parameters and other health related parameters. Please provide the following information

Name of laboratory responsible for testing for health-related parameters

Standard Council of Canada Accreditation Number

Does the staff of the waterworks test the water daily for operational parameters? Yes No

Number of staff employed by waterworks who are currently licensed to conduct testing for operation parameters: _____

Provide details of water analysis records kept by the District.

Does the District have an emergency plan? Yes No

If Yes, please provide details

Is Water Purification/Treatment performed? Yes No Frequency _____

Performed by whom? _____

If Yes, please provide details including chemicals used and how purification/treatment is done

Is the water guarded against vandalism? Yes No

Please provide details.

Is liability assumed under contract? Yes No

If Yes, please attach a copy of the contract and provide details

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Is Water Works District exonerated from liability for failure to supply water to their customers Yes No

If Yes, provide relevant copy of the Act (Incorporating the Water Works District) that exonerates the Water Works District

Is the Water District currently in compliance with all relevant Provincial Laws and Regulations Yes No

If No, please explain in details areas not in compliance and outline your plans for compliance

Are major expansion or construction projects anticipated in the immediate future? Yes No

If Yes, please provide details:

State the number of employees in the District and their positions.

Number Position

Number Position

Number Position

Number Position

Gross Payroll
\$CAD

Annual # of cubic meters water sold
Meters

Annual receipts
\$CAD

Do you utilize sub-contractors? Yes No

If Yes, please list types of work sub-contracted

Do sub-contractors provide evidence of insurance? Yes No

Cost of work sub-contracted?
\$CAD

Provide 5 year history of any losses of the Water District.

PRIOR INSURANCE AND PRIOR KNOWLEDGE

Do you currently have Liability Insurance for the waterworks for which you are requesting liability coverage? Yes No

Insurer

Effective Date: | D | D | M | M | Y | Y |

Expiry Date: | D | D | M | M | Y | Y |

Limits \$

Deductible

Has any person who will be insured under the policy of Insurance hereby applied for given notice under the provisions of any of the policies listed above, or any prior policies providing similar insurance, of (i) any claims which have not yet been finally and fully resolved, or, (ii) or any facts or circumstances which might give rise to a claim being made against such person?

Yes No

If the answer to the previous question was yes, please attach an additional sheet listing the particulars of all such claims, or facts or circumstances, including particulars of the amount of the claim or possible claims.

Do you have any reason to believe that any such claim or possible claim is not covered by a current or previous policy or that this amount of such claim or possible claim may exceed the limits of any such policy?

Yes No

DECLARATION AND WARRANTY OF BEHALF OF NAMED INSURED

The undersigned authorized officer of the applicant declares that he/she has the legal capacity to make this declaration on behalf of the proposed Named Insured and declares that the statements set forth herein are true and accurate. It is understood that completion of this Water Operation Application Form is a prerequisite for Water Operations liability coverage. Signing of this application does not bind the applicant or the Insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued.

The undersigned hereby represents and warrants that, except for the claims or possible claims referred to in this application above, no person who will be an Insured under the policy of Insurance hereby applied for is aware of any claims, or facts or circumstances which might give rise to a claim, that would fall within the scope of the coverage hereby applied for.

All written statements and materials furnished to the Insurer In conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Any inaccuracies or omissions in this application or the written statements and materials furnished to the Insurer In conjunction with this application will void any liability coverage in respect to liability for Water Operations.

On behalf of: | Name of Waterworks

Name: | Title

Signature:

Additional Information related to Potential Claims

A large, empty rectangular box with rounded corners, intended for providing additional information related to potential claims.

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 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 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

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]

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 _____