

**WOOD HEAT INSURANCE PROGRAM
(WHIP) APPLICATION**

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



An SWG Company

Solid Fuel Heat Installations, Sales & Service and Wett Inspectors

Option A- Commercial General Liability and Errors & Omission Liability for all operations including Wett inspection services, complete all sections.

Option B- Errors and Omission Liability (Wett inspections only) complete General, Section B and Coverage requested

GENERAL SECTION

Name of Applicant

Name(s) of Principal(s)

Mailing Address

Risk Address

Contact Name Contact Phone Number

Year Business Started Number of years of experience Website Address

Current Insurance	General Liability	Errors and Omissions
Limits		
Claims made or Occurrence form		
Policy Period (from / to)	D\$D M\$M Y\$Y, to D\$D M\$M Y\$Y,	D\$D M\$M Y\$Y to D\$D M\$M Y\$Y
Retroactive Date		
Premium		

Has any policy of/or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, cancelled, or renewal refused? 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:

Revenue: Fiscal year end: # D\$D|M\$M|Y\$Y

Operation	Number of Employees	Payroll	Receipts
Maintenance			
Installations			
Retail Sales: (enter type)			
type			
Wett Inspections			
Home Inspections			
Other			
Total			

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SECTION A: GENERAL LIABILITY

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

Any U.S. Exposure (Past/Present/Future): Yes No \$If Yes, describe:

Do you sublet work? Yes No

(a) Cost of work Sublet: \$ _____

(b) Type of Work? _____

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

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

Do you enter into formal contractual agreements with your subcontractors? 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

Is Employers' Liability Required? Yes No

Are you engaged in welding? Yes No

If yes: _____
Describe equipment

SECTION B: ERRORS AND OMISSIONS LIABILITY

Important Notice to Applicant for Errors and Omissions Liability.

This is an application for insurance and the insurer is not obligated to accept the applicant for coverage. If a policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature on the application form and submission of a premium payment does not bind the insurer to complete an insurance transaction with the applicant. Coverage is bound upon receipt from SWG Specialty Underwriting Services Ltd. Confirming Policy #, coverage and Effective Date. If a policy is issued, it provides Errors and Omissions insurance that applies on a claims-made basis. The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- A. The policy will not cover any losses from incidents which take place before the Retroactive if any, or after the expiration of the policy period (subject to the Extended Reporting Period provision).
- B. The policy will provide coverage for losses from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period.
- C. The policy will not cover any loss for which a claim is first made after:
 - 1. The expiration of the policy period or its earlier termination date, if any; or
 - 2. The Extended Reporting Period if any and then only in accordance with the terms described in the policy
- D. The policy will only cover claims which are first made:
 - 1. During the policy period; or
 - 2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.
- E. Please request a copy of the Policy and review the terms and conditions to obtain more information.
- F. The limits for Defense Cost may vary by insurer. Refer to your policy for complete details of coverage.

Please answer ALL the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to such evaluation. If a question is not applicable, state "not applicable", not "N/A." If more space is required to answer a question, continue on applicant's letterhead. The application and any supplement(s) must be signed and dated by a principal, partner, or officer of the prospective insured's organization.

- Attach the following items in support of this application
- 1. #A copy of the firm's formalized standard client contract.
 - 2. #A copy of all current Wett certifications.

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Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/associations? Yes No

If yes, provide individual's name and designation/affiliation

If more than one (1) please add to the extra info page section on page 4

Breakdown of staff:

Position	No. of Staff
Principles, partners and officers	
Wett Inspectors	
Licensed field personnel	
Office/retail staff	
Total	

Provide percentage of firm's gross inspection revenue by the following

	Percentage
Residential	
Light Commercial	
Industrial	
Other	
Total	

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?

Yes No

Was more than 50% of your total gross billing for any one year derived from a single client or contract?

Yes No

If yes, provide client name

Describe your firm's five (5) largest jobs or projects during the past three (3) years

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you utilize the services of independent contractors or sub-consultants? Yes No

Approximate percentage of billing attributable to sub-contractors/consultants? Percent

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured? Yes No If yes, what limits?

Does your firm secure a standard written contract or agreement for every project? (Please attach a standard copy) Yes No

Provide the percentage of your revenue where a written contract is secured. Percent

Does your contract contain any of the following: (Check all that apply.)

- Hold harmless or indemnification clauses in your favour?
- Hold harmless or indemnification clauses in your client's favour?
- Payment terms?
- Guarantees or warranties
- A specific description of the services you will provide?

Additional Information related to Application

COVERAGE SECTION (please indicate coverage required)

General Liability:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$ 1,000,000 occurrence/aggregate | <input type="checkbox"/> \$ 10,000 per claim/aggregate | <input type="checkbox"/> \$ 25,000 Faulty Workmanship |
| <input type="checkbox"/> \$ 2,000,000 occurrence/aggregate | <input type="checkbox"/> 500,000 per claim/aggregate | <input type="checkbox"/> \$ 25,000 Faulty Workmanship |
| <input type="checkbox"/> \$ 5,000,000 occurrence/aggregate | <input type="checkbox"/> 250,000 per claim/aggregate | <input type="checkbox"/> \$ 25,000 Faulty Workmanship |

Errors and Omissions:

The following coverages may be included in our CGL

- | | |
|--|---|
| <ul style="list-style-type: none">• Non-Owned Automobile-Excluding Long Term Leased Vehicles• SEF #94 \$50,000 \$1,000 pd deductible• SEF #96• 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 | <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• Advertising Liability |
|--|---|

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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.

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.

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

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Print Name and Title

Signature of Applicant or Authorized Representative

DATE: \$ D \$ D \$ M \$ M \$ Y \$ Y