

BROKER INFORMATION SHEET



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

Formerly A.M. Fredericks Underwriting Management Ltd.

Business Name _____ DATE:

D	D	M	M	Y	Y
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Register Corporate Name (if different from above) _____ AMF Broker Number _____

Company is: Corporation Partnership Sole Proprietor

Mailing Address _____

City _____

Location Address(s) _____

Location Address(s) _____

Location Address(s) _____

Head Office Telephone Number _____ Head Office Fax Number _____

Website _____

Main Contact _____

Main Contact E-Mail Address _____

Accounting Contact _____

Accounting Contact E-Mail Address _____

Name of Owners/ Principals: _____

Name of Bank _____

Bank Address _____

Bank Contact _____

Does Brokerage maintain a separate general insurance trust account? Yes No

If No, why not.

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Does Brokerage carry E&O coverage? Yes No

Name of Carrier _____

E&O Limits _____

Expiry Date:

D	D	M	M	Y	Y		

Provincial license numbers e.g. RIBO, Insurance Council _____

Do you write business in other provinces? Yes No

If Yes, please provide:

Province _____ License Number _____

Province _____ License Number _____

Province _____ License Number _____

Are you Company accounts on a current basis? Yes No

Check of number of days:

30	45	60	Days

Do you pay from your own statement?

Yes	Yes

 Or Company Statement?

What percentage of your business is direct bill?

			%

Does your brokerage finance premium? Yes No What is the usual amount of time before funds are released from financiers?

			No. of Days

If Yes, please indicate which of the following you use:

In house CAFO AMF Credit MacQuarie Other _____
Please specify

List any insurers of which the principal of the Brokerage has provided personal guarantees:

Has the Brokerage (or any principal of the Brokerage) ever been declared bankrupt or gone into voluntary liquidation? Yes No

Attach copy of latest audited financial statements.

What year was the Brokerage Established

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Does Brokerage own 100% of volume? Yes No

If No, please explain:

Does Brokerage own any other insurance office? Yes No

If Yes, please provide details:

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Does Brokerage have any sub-broker business? Yes No

If Yes, please provide details

Is Brokerage affiliated with any Groups, clusters or Financial Institutions? Yes No

If Yes, please provide details:

Names of principal companies represented (attach experience figures for the past 3 years:

Company	Years Represented	Total Volume	Current Year L/R	3 Year L/R

Describe any shock losses over \$50,000 that may have affected the above results:

Names of Insurers no longer doing business with Brokerage during the past 3 years:

Company	Reason

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Names of Insurers who have been added during the past 3 years:

Company	Reason

Please indicate your 3 year volume commitment to A.M Fredericks Underwriting Management Ltd:

1 st Year G.W.P.	1 st Year L/R	2 nd Year G.W.P.	2 nd Year L/R	3 rd Year G.W.P.	3 rd Year L/R

As part of our evaluation process, we may require the assistance of your other markets and/or credit reporting organization for further information. Your signature below indicates your approval to contact your other markets and/or credit organizations.

Name	Title

Signature: _____

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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 where:

The Policy may be deemed to be void and claims may be deemed not covered

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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