

# HOMEOWNER APPLICATION



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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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Risk Address

\_\_\_\_\_  
Existing Insurer

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
Policy Number

Will they Renew?  Yes  No  
If No, give reason for non-renewal \_\_\_\_\_

\_\_\_\_\_  
Expiring Premium

\_\_\_\_\_  
Limits

\_\_\_\_\_  
Deductible

Has the Applicant been Cancelled/Declined Insurance?  Yes  No

\_\_\_\_\_  
If Yes, please attach details

Has the Applicant 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 loss and steps taken to prevent reoccurrence?

If additional space is needed to answer any questions, please use the blank page included with this form on page 7.

Are you aware of any incidents that may result in a claim?  Yes  No

If Yes, please advise the details:

## **Name's) and Addresses) of Loss Payee's)**

\_\_\_\_\_  
Loss Payee 1

\_\_\_\_\_  
Nature of Interest

\_\_\_\_\_  
Address

\_\_\_\_\_  
Loss Payee 2

\_\_\_\_\_  
Nature of Interest

\_\_\_\_\_  
Address

\_\_\_\_\_  
Loss Payee 3

\_\_\_\_\_  
Nature of Interest

\_\_\_\_\_  
Address

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## RATING INFORMATION

### Occupancy

Number of Families: \_\_\_\_\_  
Number of Units: \_\_\_\_\_  
Number of Stories: \_\_\_\_\_

### Structure

Year Built: \_\_\_\_\_  
Ground Floor Area: \_\_\_\_\_  
 Sq. Feet  Sq. Metre

Detached  Semi-Detached  Townhouse  Row house  Highrise  Duplex  Multiplex  Condo  Yes  No

### Building Construction

Brick  Cement  Frame  Aluminum  Masonry  Stone  Stucco  Fire Resistive  
 Steel  Masonry Veneer  Brick Veneer  Non-Fire Resistive Apt  Other: \_\_\_\_\_  
Other details: \_\_\_\_\_

### Fire Protection

Unprotected Within \_\_\_\_\_ M of Hydrant Within \_\_\_\_\_ KM of Fire hall

### Fire Department (Type)

Paid  Volunteer  Part Paid / Part Volunteer

### Security System

Fire  Yes  No  Local  Monitored Burglar  Yes  No  Local  Monitored

Security Attendant  Yes  No

Monitored by: \_\_\_\_\_ Alarm Certificate Attached  Yes  No

Other: \_\_\_\_\_

Sprinkler  Yes  No

Smoke Detector  Yes  No \_\_\_\_\_  
Detector Type: \_\_\_\_\_ Number of Detectors: \_\_\_\_\_

Other Security: \_\_\_\_\_

### Renovation Upgrade

Electrical \_\_\_\_\_ AMPS  Breakers  Fuses  Knob & Tube  Copper  Aluminum Year Updated: \_\_\_\_\_ % Completed: \_\_\_\_\_

Heating (Type): \_\_\_\_\_ Year Updated: \_\_\_\_\_ % Completed: \_\_\_\_\_

Plumbing (Type): \_\_\_\_\_ Year Updated: \_\_\_\_\_ % Completed: \_\_\_\_\_

Roof (Type): \_\_\_\_\_ Year Updated: \_\_\_\_\_ % Completed: \_\_\_\_\_

Oil Tank (If Yes, complete Oil Tank Questionnaire)  Yes  No Year Updated: \_\_\_\_\_ % Completed: \_\_\_\_\_

Wood Stove (If Yes, complete Solid Fuel Questionnaire)  Yes  No Year Updated: \_\_\_\_\_ % Completed: \_\_\_\_\_

### Outbuildings

Number: \_\_\_\_\_ Use: \_\_\_\_\_ Construction: \_\_\_\_\_

Heat: \_\_\_\_\_ Value (\$): \_\_\_\_\_

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## RATING INFORMATION (continued)

Heating	Fuel Type	Primary	Auxiliary	Heating	Fuel Type	Primary	Auxiliary
Furnace (Central)				Fireplace Insert			
Combination with Wood				Radiant Floor			
Combination with Wood/Oil				Electric Radiant Heat			
Combination without Wood				Ceiling			
Furnace (Central) with add-on Woodburning unit				Other			
Heat Pump				Solid Fuel Heating Unit			
Space Heater							
Electric							
Wall Furnace							
Floor Furnace							

  

Attachments	Yes/No	Remarks
Solid Fuel Questionnaire		
Oil Tank Questionnaire		
Dwelling Evaluator		

## Liability Exposures

Yes answers require liability extension coverage or remarks explaining coverage declined

Do you own/rent more than one location?  Yes  No If Yes, are any locations rented to Others?  Yes  No

Is there a co-occupant that requires coverage?  Yes  No If Yes, Name: \_\_\_\_\_

Do you rent rooms to others?  Yes  No Is there any kind of business operation?  Yes  No

Is there a daycare operation?  Yes  No Do you own any saddle/draft animals  Yes  No

Is there any non-family member working as staff?  Yes  No Do you own a swimming pool?  Yes  No

Other Exposures \_\_\_\_\_

## Coverage: Forms, Limits & Deductibles

Package form and type: \_\_\_\_\_ Deductible \_\_\_\_\_

Single Limit	Dwelling Building	Detached Private Structure	Personal Property	Additional Living Expenses	Legal Liability	Voluntary Medical Payments	Voluntary Property Damage	Estimated Base Premium
\$	\$	\$	\$	\$	\$	\$	\$	\$

## Additional Coverage (Specify rating information, limits, deductibles, etc)

Coverage Description	Y/N	Limit	Deductible	Estimated Base Premium
Replacement Cost of Contents				
Condominium Additional Protection Endorsement				
Homeowner's Single Limit				
Debris Removal				
Bylaws Endorsement				



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**Watercraft and Trailers** (indicate if boat trailer or travel trailer)

#	Type	Year	Length	Description Make/Model				Coverage	Deductible	Estimated Premium
1.										
2.										
3.										
4.										
5.										
6.										

  

#	Identification/ Serial Number	Date Purchased	New or Used	Purchase Pricing (Including Contents)	Value of Contents included in Purchase Price	Value of Non-standard Equipment	Replacement Cost	Construction	Horse- Power	Maximum Speed	Water Skiing Y/N
1.		YY/MM/DD									
2.		YY/MM/DD									
3.		YY/MM/DD									
4.		YY/MM/DD									
5.		YY/MM/DD									
6.		YY/MM/DD									

**Location and Use**

#	Mooring At	Winter Location	Primary Use	Waters Navigated
1.				
2.				
3.				
4.				
5.				
6.				

**Loss Payee / Lienholder / Lessor and Address**

#	Name	Address	Nature of Interest
1.			
2.			
3.			
4.			
5.			
6.			

**Watercraft Liability**

#	Description of Class	Liability Limit	Deductible \$	Estimated Premium
1.				
2.				
3.				
4.				
5.				
6.				

# HOMEOWNER APPLICATION

## Operator Data

#	Name of Operator	Date of Birth	Auto Driver's License No. Watercraft Driver's License No.	C.Y.A	Power Squadron	Canadian Coast Guard	Certificate Number
1.		YY/MM/DD		Y/N	Y/N	Y/N	
2.		YY/MM/DD		Y/N	Y/N	Y/N	
3.		YY/MM/DD		Y/N	Y/N	Y/N	

Give particulars of all convictions arising from the operation of any Automobile during the past three years

(No conviction indicator all drivers)

Driver No.	Date	Conviction	Description
1.	YY/MM/DD		
2.	YY/MM/DD		
3.	YY/MM/DD		

Give particulars of all accidents or claims arising from the ownership or operation of any Automobile during the past six years

(No claims indicator all drivers)

Driver No.	Date	Kind of Loss	Description
1.	YY/MM/DD		
2.	YY/MM/DD		
3.	YY/MM/DD		

## Additional Information related to Application

# HOMEOWNER APPLICATION

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 PrivacyOfficer@swgins.com

1815 Ironstone Manor  
 Pickering, Ontario  
 L1W 3W9  
 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

DATE: 

D	D	M	M	Y	Y
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\_\_\_\_\_  
 Signature of Applicant or Authorized Representative

**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 where the risk is located?  Yes  No

DATE: | D | D | M | M | Y | Y |

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