

RENTED, OWNER OCCUPIED OR
VACANT DWELLING APPLICATION



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

Name(s) of Principal(s)

Contact Name (for inspections) Contact Phone Number

Mailing Address

Risk Address

Existing Insurer Expiry Date

D	D	M	M	Y	Y
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 Policy Number

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

Expiring Premium Limits Deductible

Terms and Conditions:

If additional space is needed to answer any questions, please use the blank page included with this form on page 4.

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?

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

If Yes, please advise the details:

Occupancy

Are the premises: Rented Owner Occupied Vacant

Building Construction

Walls (Type of Construction)	Number of Stories	Year Built
Floor (Type of Construction)	Area <input type="checkbox"/> FT ² <input type="checkbox"/> M ²	Basement
Roof (Type of Construction)	Year Updated	% Completed
Wiring (Type)	Year Updated	% Completed
Heating (Type)	Year Updated	% Completed
Plumbing (Type)	Year Updated	% Completed

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Building Construction(continued)

Surrounding Exposure

North	_____	South	_____
East	_____	West	_____

If vacant, provide the following details:

How long have the premises been vacant? _____

Reason why the premises is vacant? _____

How long are the premises expected to remain vacant? _____

What are the future plans for the premises? _____

How often are the premises visited and by whom? _____

Are the premises heated? Yes No

Is the water turn off? Yes No

Is the heating turned off? Yes No

Is routine maintenance performed? Yes No _____
If yes, by whom

Name(s) and Address(es) of Mortgagee(s)

Mortgagee 1 _____

Mortgagee 2 _____

Fire Alarm/Detectors

Sprinklers _____ % Monitored Local None Smoke/Heat Monitored Local None

Pull Box Yes No _____
Other (specify)

Hydrant(s) Within 75m Within 150m Over 150m _____
Other (specify)

Fire Department (Distance) Within 3km Within 5km Within 10km Over 10km _____
Other (specify)

Fire Department (Type) Paid Volunteer Part Paid / Part Volunteer

Portable Extinguishers _____
Specify

Burglary Alarm System(s)

Interior (Infrared or Motion) Yes No Central Station Monitored Local

Perimeter (Contacts on Doors and Windows) Yes No Central Station Monitored Local

Other Measures Bars on Windows Make of Alarm: _____

Deadbolt on Doors Monitoring Company: _____

Perimeter Lighting

3rd Party Security

Guard Dog

Other (specify)

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Liability

If vacant, is access to premises restricted Yes No

If yes, how? _____

Are premises fenced? Yes No

Does the premises have a pool? Yes No

If yes, is the pool adequately secured while the premises is vacant Yes No

If vacant, in what type of neighborhood is it located? Residential Industrial Urban Rural

STATE COVERAGES REQUIRED

<u>Coverage</u>	<u>Limit</u>	<u>Rate</u>	<u>Premium</u>
Building			
Contents			
Rental Income			

Coverage Basis: Named Perils
Actual Cash Value
Excluding Flood, Earthquake and Sewer Backup

State Limit of Liability Required: \$ _____
Each Occurrence

**COVERAGE SUBJECT TO THE FOLLOWING ENDORSEMENTS AND WARRANTIES:
(additional conditions may also be applied upon underwriting review)**

TENANTS RESTRICTION ENDORSEMENT - applicable to rented dwellings

It is hereby understood and agreed that, notwithstanding any other condition on the wording of the Policy, there is no coverage against the perils of riot, vandalism or malicious acts where the cause of the loss is as a result of acts or omissions of the tenants of the property or the tenants' guests. Except as otherwise provided in this endorsement all terms, provisions and conditions of the policy shall have full force and effect.

RIOTS, VANDALISM AND MALICIOUS ACTS - EXCLUSION ENDORSEMENT - applicable to vacant dwellings

It is hereby understood and agreed that any damage resulting from riot, vandalism or malicious acts of the described premises is excluded from this Policy. It is also understood and agreed that this exclusion does not apply to loss or damage which results from ensuing fire, explosion or leakage from fire protection equipment. Except as otherwise provided in this endorsement all limits, terms, conditions, provisions, definitions and exclusions shall have full force and effect.

**LIMITATION OF COVERAGE TO DESIGNATED PREMISES
Attached to and forming part of The Commercial General Liability Form**

This insurance applies only to "bodily injury", "property damage", "personal injury", and medical expenses arising out of the ownership, maintenance or use of the premises and operations necessary or incidental to those premises described on the "Coverage Summary" in respect to this Form.

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Additional Information related to Application

(Extra Risk Locations, Mortgagees, etc.)

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

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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.

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

i 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:

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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 _____