

# TRANSPORTATION APPLICATION

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



Formerly A.M. Fredericks Underwriting Management Ltd.

DATE: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

\_\_\_\_\_  
Broker

\_\_\_\_\_  
Attn

\_\_\_\_\_  
AMF Broker Number

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name(s) of Principal(s)

\_\_\_\_\_  
Website Address

\_\_\_\_\_  
Contact Name (for inspections)

\_\_\_\_\_  
Contact Phone Number

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

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

Description of Operations

If additional space is needed to answer any questions, please use the blank page included with this form on page 3.

\_\_\_\_\_  
Year Business Started

\_\_\_\_\_  
Number of years of experience

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

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

  
Expiry Date

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

Will they Renew?  Yes  No

\_\_\_\_\_  
If No, give reason for non-renewal

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

\_\_\_\_\_  
Limits

\_\_\_\_\_  
Deductible

Terms & Conditions:

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:

# TRANSPORTATION APPLICATION

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



Annual Sales: \_\_\_\_\_ Dollar Value      Percentage of Sales FOB: \_\_\_\_\_ Percent

Annual Value of all shipments at your risk (interplant, incoming, outgoing):

| Transportation                   | % of Loads | 0-250 | 251-500 | Over 500 | Annual Values | Maximum any one Shipment |
|----------------------------------|------------|-------|---------|----------|---------------|--------------------------|
| Rail                             |            |       |         |          |               |                          |
| Public Truckmen                  |            |       |         |          |               |                          |
| Contract Truckmen                |            |       |         |          |               |                          |
| Own Vehicles                     |            |       |         |          |               |                          |
| Air                              |            |       |         |          |               |                          |
| Waterborne Coastal, River & Gulf |            |       |         |          |               |                          |

Do you transport property of others?     Yes     No

\_\_\_\_\_ If Yes, give details

List all locations to be insured under this policy. On a separate page include construction details, complete address and postal code, describe burglary/fire alarms, state if ULC listed or not and give expiry dates of certificates, detail available public and private fire protection including whether building is sprinklered and if wet or dry system. Provide details of other specific protection available.

| Location | Maximum Values | Average Values | Limit of Liability (Desired) |
|----------|----------------|----------------|------------------------------|
|          |                |                |                              |
|          |                |                |                              |
|          |                |                |                              |
|          |                |                |                              |
|          |                |                |                              |
|          |                |                |                              |
|          |                |                |                              |

Describe your vehicles \_\_\_\_\_

Number of Vehicles:

| Type of Vehicle | Owned | Leased |
|-----------------|-------|--------|
| Tractor         |       |        |
| Semi-Vans       |       |        |
| Semi-Flatbed    |       |        |
| Tanker          |       |        |
| Reefers         |       |        |
| Hiabs/Cranes    |       |        |
| Other           |       |        |

Does Applicant obtain MVR's on all drivers?     Yes     No    If Yes, please provide copies of all MVRs

Is there a vehicle maintenance program in effect?     Yes     No

Are Vehicles equipped with alarms     Yes     No    \_\_\_\_\_  
If Yes, give details

Are Vehicles left unlocked or unattended?     Yes     No

Describe terminal(s) security/fire protection \_\_\_\_\_

**Additional Information related to Application**  
*(Extra Risk Locations, Mortgagees, etc.)*

# TRANSPORTATION APPLICATION

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



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 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](mailto: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

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 |
|---|---|---|---|---|---|

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