

COMMERCIAL BUSINESS APPLICATION



An SWG Company

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

DATE:

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Broker

Attn

SWGS 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 6.

Year Business Started

Number of years of experience

Existing Insurer

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 advise reason

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 cost 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:

Abuse and Employment Practices Disclosure

I have no knowledge of any past or pending claims against my company with respect to abuse including allegations of sexual abuse, or, any other employment practices violations including wrongful dismissal and discrimination Agree Disagree

If disagree provide details: _____

Property Section

Building Construction

Walls (Type of Construction)
Floor (Type of Construction)
Roof (Type of Construction)
Wiring (Type)
Heating (Type)
Plumbing (Type)
Number of Stories
Year Built
Area
Basement
Year Updated
% Completed
Surrounding Exposure
North
South
East
West
Occupancy by Others

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

Mortgagee 1
Mortgagee 2

Fire Alarm/Detectors

Sprinklers
Smoke/Heat
Pull Box
Hydrant(s)
Fire Department (Distance)
Fire Department (Type)
Portable Extinguishers

Burglary Alarm System(s)

Interior
Perimeter
Other Measures
Make of Alarm
Monitoring Company
Safe
Class
Dimensions

Liability Section

(To be completed if a CGL quote is required.)

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

Elevators - Escalators:

(a) [] Number [] Location [] Description
(b) [] Number [] Location [] Description
(c) [] Number [] Location [] Description

Gross Annual Sales

(a) [] Type of Product [] Canada [] U.S. [] Other
(b) [] Type of Product [] Canada [] U.S. [] Other
(c) [] Type of Product [] Canada [] U.S. [] Other

Show in detail type(s) of operations and work performed by applicant:

(a) [] Operations [] No. of employees [] Payroll [] Gross Annual Receipts
(b) [] Operations [] No. of employees [] Payroll [] Gross Annual Receipts
(c) [] Operations [] No. of employees [] Payroll [] Gross Annual Receipts

Any U.S. Exposure (Past/Present/Future): [] Yes [] No If Yes, Extent: []

Any U.S. Installation (Past/Present/Future): [] Yes [] No If Yes, Extent: []

Contractual: List all lease agreements, railway siding agreements, etc. (Obtain copies of agreements where possible)

(a) []
(b) []
(c) []

Work Sublet Out (a) Cost of work Sub-Let: \$ []
(b) Type of Work? []

Are sub-contractors required to carry liability insurance? [] Yes [] No If Yes, specify limits: []

Do you ask sub-contractors to submit liability certificates? [] Yes [] No

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

Do you enter into formal contractual agreements with your sub-contractors? [] Yes [] No

If yes, do you include a "Hold Harmless" clause in your favour? (Submit copy of usual contract form) [] 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
[] Actual Payroll of these employees (\$)

Liability Section - cont...

Is Employers' Liability Required? Yes No _____
 If yes, advise number and occupation of Employees

Tenants Legal Liability

- (a) _____
Location of Premises
- (b) _____
Amount to be insured (\$)
- (c) Is there a lease agreement? (If yes, provide a copy) Yes No

Is there any use of radioactive materials? Yes No _____
 If yes, what kind?

- Do you engage in any of the following operations?
- Demolition or wrecking
 - Use of Explosives
 - Shoring
 - Raising or moving of buildings and structures
 - Underpinning
 - Tunneling
 - Caisson Work
 - Welding
 - Excavation

Details of operations involving the use of welding equipment, blowtorches or other similar equipment away from the premises

Does Forest Fire Prevention Act apply? Yes No

Do you have special agreements with Dept. of Lands and Forests? Yes No

State Limit of Liability Required: \$ _____
 Each Occurrence Aggregate Products - Completed Operations

The following coverages may be included in our CGL:

- Non-Owned Automobile-Excluding Long Term Leased Vehicles
- Owners/Contractors Protective
- Products & Completed Operations
- Separation of Insureds/Cross Liability
- Employees as Additional Insureds
- Bodily Injury & Property Damage to Protected Persons & Property
- Contingent Employer's Liability
- Broad Form Automobile
- Broad Form Property Damage
- Attached Machinery
- Blanket Contractual Liability-Non-Reported
- Tenants Legal Liability - Broad Form - \$100,000 Limit
- Personal Injury
- Pollution Exclusion - Hostile Fire Exception
- Medical Payments Limits - \$2,500 each person/\$25,000 aggregate any one Occurrence
- Incidental Medical Malpractice
- Advertising Liability
- Product Recall
- Employment Practices Liability

✓ CHECK ADDITIONAL CGL COVERAGE REQUIRED

- Broad Form Vendors _____
Limit (\$)
- Employee Benefits E&O _____
Limit (\$)
- SEF #94 - Private Passenger & Light Commercial under 2,800Kg. _____
Limit (\$)
- SEF #96 - Contractual Liability Endorsement _____
Limit (\$)
- Employers Liability _____
Limit (\$)
- Voluntary Compensation _____
Limit (\$)
- Forest Fire Fighting Expense _____
Limit (\$)
- Abuse Endorsement _____
Limit (\$)
- Faulty Workmanship _____
Limit (\$)
- Other: _____
Limit (\$)

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Coverage Section

Perils: All Risks (AR) Named Perils

Valuation: Replacement Cost (RC) Actual Cash Value (ACV)

Coverages Required					
Coverages	DED	CO-INS	Limits	Rate	Premium
Building					
Contents					
Consequential Loss					
Profits					
Gross Earnings					
Extra Expenses					
Rents					
Glass					
Sign Floater					
Office Equipment Floater					
C.E.F.					
Boiler & Machinery					
Including or Excluding: Flood <input type="checkbox"/> Yes <input type="checkbox"/> No Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No Sewer backup: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Crime & Liability					
Broad Form Money & Securities					
In and Out Hold-up					
CGL					
TLL					

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

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
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Tel: 905-428-1269 Ext 109
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
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Broker's Signature _____