

# BUILDERS RISK 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

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

\_\_\_\_\_  
Name of Project

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

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

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

\_\_\_\_\_  
Project Address

Description of Project 

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

\_\_\_\_\_  
Project Owner

\_\_\_\_\_  
Project / Construction Manager

\_\_\_\_\_  
General Contractor

Provide Experience of the Project Participants: \_\_\_\_\_  
\_\_\_\_\_

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

Provide period from which insurance is required: Effective 

D	D	M	M	Y	Y
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 To Expiry 

D	D	M	M	Y	Y
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If multiple structures, please provide scheduled date of expected completion for each structure \_\_\_\_\_

\_\_\_\_\_

## Building Construction

\_\_\_\_\_  
Walls (Type of Construction)

\_\_\_\_\_  
Number of Stories

\_\_\_\_\_  
Basement

\_\_\_\_\_  
Floor (Type of Construction)

\_\_\_\_\_  
Area  FT<sup>2</sup>  M<sup>2</sup>

\_\_\_\_\_  
Roof (Type of Construction)

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

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

Will the project be sprinklered?  Yes  No \_\_\_\_\_  
If Yes, at what stage of development

Is the site Flood or Earthquake exposed  Yes  No \_\_\_\_\_  
If Yes, please advise past history

What is the distance to the nearest body of water \_\_\_\_\_  
km



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

# BUILDERS RISK 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

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

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 wher the risk is located?

Yes  No

DATE: 

D	D	M	M	Y	Y
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Broker's Signature \_\_\_\_\_