



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 6 FOR DETAILS ON OUR PRIVACY POLICY.

## COMMERCIAL APPLICATION

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

Broker \_\_\_\_\_ Date \_\_\_\_\_

Branch \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### APPLICANT INFORMATION

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

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Actual Location \_\_\_\_\_ Postal Code \_\_\_\_\_

Occupied by Applicant As \_\_\_\_\_

Occupied by Others \_\_\_\_\_

# of Years in Operation \_\_\_\_\_ # of Years Experience \_\_\_\_\_

Present Insurer \_\_\_\_\_ Expiry Date \_\_\_\_\_

Renewal Offered  Yes  No If no, why not? \_\_\_\_\_ Expiring Premium \_\_\_\_\_

Losses \_\_\_\_\_

Loss Payable \_\_\_\_\_

PROPERTY		CONSTRUCTION DETAILS	PROTECTION		UPDATES(YR)	
# of stories		Basement	Distance to hydrants		Roof	
Wall const.		Year of const.	Distance to firehall		Heat	
Roof type		Sq. Ft.	Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing	
Floor type		Type of heat			Wiring	
Housekeeping	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				# of amps	
Physical Cond.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				<input type="checkbox"/> C/B	<input type="checkbox"/> Fuses

### ROBBERY - BURGLARY

Burglar Alarm?  Yes  No Type:  Central  Monitored  Local ULC Approved?  Yes  No

Safe or vault on premises?  Yes  No Class \_\_\_\_\_

Are all doors fitted with dead bolt locks?  Yes  No

How often are bank deposits made? \_\_\_\_\_ By Whom? \_\_\_\_\_

**LIABILITY**

Description of Products/Operations \_\_\_\_\_

Sales/Receipts – Canada \_\_\_\_\_ USA \_\_\_\_\_ Other Countries \_\_\_\_\_

# of Employees \_\_\_\_\_ Payroll \_\_\_\_\_ Any operations conducted at other owned or leased premises?  
 Yes  No

If "Yes", Address \_\_\_\_\_

Any repairs or installations done away from the premises?  Yes  No

If "Yes", Describe \_\_\_\_\_

Are subcontractors used for off premises work?  Yes  No

Are certificates of insurance Obtained from subs?  Yes  No

**EQUIPMENT BREAKDOWN (BOILER & MACHINERY)**

Is coverage required for Equipment Breakdown?  Yes  No

If "Yes," please indicate:  Option 1  Option 2  Option 3

Includes the following:

- Direct Damage .....Property Limit
- Business Interruption/Extra Expense .....Business Interruption Limit
- By-Laws .....Included
- Hazardous Substances .....\$50,000
- Expediting Expenses .....\$50,000
- Professional Fees .....Included
- Data .....\$10,000 (Option 3 only)
- Consequential Loss .....\$10,000 (Option 3 only)

**BROKER INFORMATION**

Is this New Business to your office?  Yes  No

How long have you known applicant? \_\_\_\_\_

Have you personally seen this property?  Yes  No

Condition  Good  Fair  Poor

Is this client financially acceptable to your office?  Yes  No

<b><u>PROPERTY</u></b>	<input type="checkbox"/> Fire & E.C	<input type="checkbox"/> All Risk	Basis of Loss Settlement	<input type="checkbox"/> ACV	<input type="checkbox"/> RC (must insure to R/C)
<b>Coverage</b>	<b>Limit</b>	<b>Rate</b>	<b>Deductible</b>	<b>Co-Ins</b>	<b>Premium</b>
Building					
Contents					
Gross Earnings					
Profits					
Extra Expense					
Rents					
Endorsements					
<b>TOTAL PREMIUM THIS SECTION</b>					

**ROBBERY- BURGLARY**

Interior \_\_\_\_\_ @ \_\_\_\_\_ Burglary Damage to Bldgs \_\_\_\_\_ @ \_\_\_\_\_  
 Messenger \_\_\_\_\_ @ \_\_\_\_\_ Mercantile Stock Burglary \_\_\_\_\_ @ \_\_\_\_\_  
 Paymaster \_\_\_\_\_ @ \_\_\_\_\_ B. F. Money & Securities \_\_\_\_\_ @ \_\_\_\_\_

TOTAL PREMIUM THIS SECTION

**LIABILITY**      OL&T                      CGL                      Limit \_\_\_\_\_

Subject to \_\_\_\_\_ PD Ded    BI/PD Ded    BI/PD/Expense Ded    Other \_\_\_\_\_

Receipts \_\_\_\_\_ @ \_\_\_\_\_ Deposit Premium \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_ Deposit Premium \_\_\_\_\_ Min. Premium \_\_\_\_\_

Tenant's Legal Limit \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_ Ded \_\_\_\_\_ N/P BF

**Extensions**

Non-owned Automobile    Other \_\_\_\_\_

TOTAL PREMIUM THIS SECTION

**GLASS**      Plain Plate      Thermopane – Installed Cost \_\_\_\_\_ Blanket

Deductible \_\_\_\_\_ TOTAL PREMIUM THIS SECTION

MULTI_PERIL	Limit	Rate	Deductible	Co-Ins	Premium
Office Equip Fltr					
Cont Equip Fltr					
Tool Fltr					
Sign Fltr					
TOTAL PREMIUM THIS SECTION					

Date \_\_\_\_\_ Premium \$ \_\_\_\_\_

U/W Initials \_\_\_\_\_ Service Fee \$ \_\_\_\_\_

Commission \_\_\_\_\_ % M&R \$ \_\_\_\_\_

Consumer and previous insurer reports containing personal, credit, factual or investigative may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance as outlined herein, subject to the Statutory Conditions, Stipulations, Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon.

***THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.***

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Broker \_\_\_\_\_

**PLEASE COMPLETE APPLICABLE SECTION(s)**

Name of Insured \_\_\_\_\_

**VACANT BUILDINGS**

- 1. Why is it vacant or unoccupied? \_\_\_\_\_
- 2. Has this property ever been vacant or unoccupied before?  Yes  No
- 3. How long has the property been vacant or unoccupied? \_\_\_\_\_
- 4. How long is it expected to be vacant or unoccupied? \_\_\_\_\_
- 5. Has the electricity been disconnected?  Yes  No
- 6. Have the water and heating system, if hot water heating, been drained?  Yes  No
- 7. Are there any adjacent vacant or unoccupied buildings?  Yes  No  
If so, how far from the insured building(s)? \_\_\_\_\_
- 8. How far is this building from nearest occupied building? \_\_\_\_\_
- 9. Is there anyone making regular rounds of the premises?  Yes  No
- 10. If so, Who? \_\_\_\_\_ How Often? \_\_\_\_\_
- 11. Is the Insured financially sound?  Yes  No
- 12. Provide Details (i.e. mortgage amounts, other business owned by the Insured, etc.)
  
- 13. Is this vacancy or unoccupied building likely to occur seasonally?  Yes  No
- 14. Are the doors and windows securely closed and locked?  Yes  No
- 15. Is all rubbish removed from within and about the building(s) and premises?  Yes  No
- 16. Is the grass cut and all bushes, etc. cleared around all buildings?  Yes  No
- 17. What is the general physical condition of the property?

SUBMITTED BY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**NOTICE CONCERNING PERSONAL INFORMATION**

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law;

• In accordance with SWG's privacy policy available at the bottom of this application and as per our website:

[www.swgins.com/page/privacy.html](http://www.swgins.com/page/privacy.html)

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services.

Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

**WARRANTY STATEMENT**

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

**NEW BRUNSWICK RESIDENTS ONLY:**

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

**SIGNATURE**

Signature:

Date (mm/dd/yyyy) :

(Authorized Representative:)

Name (please print) :

Title/Position:



## Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

### IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

### THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

### PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

### CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

### LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

## ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

## SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

## ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at [PrivacyOfficer@swgins.com](mailto:PrivacyOfficer@swgins.com).

## CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at [www.privcom.gc.ca](http://www.privcom.gc.ca).

**Please refer to the updated comprehensive version of privacy policy on our website: <https://swgins.com/page/privacy.html>**