



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 8 FOR DETAILS ON OUR PRIVACY POLICY

Dwellings Student Rooming Vacant Dwellings 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.

Single Family Rented Dwelling

Must complete additional supplement for the following:

CONTACT: Local SWG Office

- Rented Dwelling (More Than One Family or Student Boarding)
Rooming House
Vacant Dwelling

Broker Name
Broker Address Street City Province Postal Code
Broker Phone Fax E-Mail

Applicant's Full Name (Last Name, First Name)
Postal Address Street City Province Postal Code
Telephone No. Home: Work:

Policy Period From To
12 Month Policy Term ONLY
12:01 A.M. Standard Time at the Postal Address of the Named Insured as Stated herein

BROKER REPORT

PREVIOUS CLAIMS IN LAST 5 (FIVE) YEARS

Table with 3 columns: Date of Loss (mm/dd/yy), Full Details of Loss, Amount Paid or reserved

Previous Insurer Policy Number

Renewal Offered? Yes No If No, reason

Has any Company, refused, cancelled, declined to renew Applicant? Yes No If Yes, provide details:

Is this New Business to your office? Yes No How long have you known Applicant?

Have you personally seen & inspected this property? Yes No Condition Good Fair Poor

Is property located in Residential Area / Subdivision Industrial / Commercial Other

If Other, describe

How long has Applicant owned this location? Is Property for Sale? Yes No

Location #1

**Legal
Address**

Postal Code

(Postal Code is Required to quote)

Loss Payable

(include FULL mailing addresses of all Mortgagees)

What is Mortgage Amount - \$

Occupancy

- Single Family Rented Dwelling Seasonal Condominium
- Rented Dwelling (More than One Family) **Complete Rental / Rooming House Supplement**
- Student Boarding # of Students _____ **Complete Rental / Rooming House Supplement**
- Rooming House # of rooms _____ **Complete Rental / Rooming House Supplement**
- Vacant **Complete Vacant Dwelling Supplement**

Construction

- Frame Brick Veneer Masonry Fire Resistive # of Stories _____
- Wood Joist Roof Other _____ Sq. Ft _____ **Year Built** _____

Structure Type

- Detached Semi-Detached Townhouse Rowhouse Duplex
- Triplex Multi-Plex Apt. Bldg. - # of Units _____
- Commercial - Describe _____

Exposures

- Left _____ Distance Detached _____
- Right _____ Distance Detached _____
- Rear _____ Distance Detached _____

Protection

- Within 300m of Fire Hydrant Within 8km of Fire hall Unprotected

Heating	Fuel Type	Primary	Auxiliary	Updates	Full	Partial	Year
<input type="checkbox"/> Furnace (Central)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electric-# of amps: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Furnace (Central) with Combination Wood		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Heating	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Electric		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Space Heater		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Roof	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Fireplace Insert		<input type="checkbox"/>	<input type="checkbox"/>	If Updates are partial, describe			
<input type="checkbox"/> Solid Fuel Heating Unit		<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> *Woodstove		<input type="checkbox"/>	<input type="checkbox"/>				

***Woodstove Questionnaire must be submitted**

Oil Tank Inside Outside Above Ground In Ground Age: _____

Detached Structure Use _____ Size _____ Year Built _____

Construction _____ Heat Yes - Type _____ No

Limits Required

Dwelling Building Detached Private Structure Landlord's Contents Premises Liability

\$ _____ \$ _____ \$ _____ _____

Is Rental Income required? No Yes Limit \$ _____

ADDITIONAL INFORMATION & EXPOSURES

- Does the Applicant obtain a written Lease Agreement with all tenants? Yes No
- Do all tenants carry and maintain a minimum of \$1,000,000 liability? Yes No
- Is a damage deposit allowable by law in your province?
If yes, is a damage deposit obtained? Yes No
- Additional Residences / Properties? Yes No
If yes, provide details
- Incidental Office Use Yes No
- Swimming Pool or Pond on Premises? Yes No
- Any other Liability Exposures? Yes No
If Yes, provide details

Notes

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 _____

Application Must Be Fully Completed & Accompanied By Replacement Calculator and Additional Supplements
PHOTOGRAPHS ARE REQUIRED TO BIND

Additional Supplements:

- Vacant Building
- Rental Dwelling (More than one Family)
- Student Boarding
- Rooming House

VACANT BUILDING SUPPLEMENT

Applicant's Full Name

(Last Name, First Name) _____

1. Is building Vacant – “vacant” means building has no furnishings (entirely empty)
 Unoccupied – “unoccupied” means furnishings within but no one living in the building
2. Reason building is vacant or unoccupied _____
3. How long is building expected to be vacant or unoccupied? 3 Months 6 Months 12 Months
4. Has this property ever been vacant or unoccupied before? Yes No
5. How long has the building been vacant or unoccupied? _____
6. Has the electricity been disconnected? Yes No
7. How far is this building from nearest occupied/vacant building? _____
8. Are all doors and windows securely closed and locked? Yes No
9. Are the building and grounds being maintained? Yes No
10. Is a key for the building in the hands of a competent person who checks the premises? Yes No

If so, Who? _____ How Often? _____

11. What are the plans for the property? (i.e. – sale, rent, demolition, etc.)

12. Additional comments, if any

Date _____

Signature of Applicant _____

Date _____

Signature of Broker _____

RENTAL DWELLING SUPPLEMENT (More than one family)

STUDENT BOARDING SUPPLEMENT

Applicant's Full Name _____
(Last Name, First Name)

1. Does the Owner live on the premises? Yes No

2. Is there a live-in Superintendent? Yes No

3. Number of: Families Students _____

4. Where is cooking being done? Common Kitchen In Rooms

If any cooking is being done in rooms, types of units Hot Plate Microwave Other - Specify

5. Alarm or Detectors on every floor? Yes No

6. Extinguishers on every floor? Yes No

7. Additional comments, if any _____

Date _____

Signature of Applicant _____

Date _____

Signature of Broker _____

ROOMING HOUSE SUPPLEMENT

Applicant's Full Name _____
(Last Name, First Name)

1. Does the Owner live on the premises? Yes No

2. Is there a live-in Superintendent? Yes No

3. Number of Rooms Rented _____

4. Term of Occupancy Daily Weekly Monthly Annual

5. Where is cooking being done? Common Kitchen In Rooms

If any cooking is being done in rooms, what types of units? Hot Plate Microwave Other - Specify

6. Alarm or Detectors on every floor? Yes No

7. Extinguishers on every floor? Yes No

8. Is the building sprinklered? Yes No

Additional comments, if any

Date _____

Signature of Applicant _____

Date _____

Signature of Broker _____

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: <https://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.

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.

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