



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 4 FOR DETAILS ON OUR PRIVACY POLICY.

SPRINKLER CONTRACTORS (COMPLETE ONLY IF APPLICABLE)

Is applicant a member of the Canadian Automatic Sprinkler Association? [] Yes [] No

ANNUAL VOLUME PER OPERATION

Table with 5 columns: Type of Work, New Construction, Retrofit, Inspection & Testing, Remarks if any. Rows include Installation, Service, Design, Sublet Work.

ANNUAL VOLUME PER OCCUPANCY TOTAL

Commercial [] Institutional [] Residential []

Do you sell, install or service fire protection or extinguishing systems for:

Sawmills [] Yes [] No

Logging, Forestry, Contractors' or other Mobile Equipment [] Yes [] No

Aircraft or Watercraft [] Yes [] No

Number of Installers? []

Please describe minimum training or certification []

of supervisor/foremans: [] Minimum Qualifications: [] Years experience: []

Are all jobs inspected by the supervisor/foreman? [] Yes [] No

Is all extinguishing equipment installed, maintained, serviced and inspected in accordance with the manufacturer's operation and maintenance instructions? [] Yes [] No

If no, please explain []

Are all products U.L.C. approved or similar? [] Yes [] No

100% of the products used in your installations are from Canadian and/or USA manufacturers? [] Yes [] No

If no, please advise the following:

a. List of products which are purchased from foreign manufacturers []

b. Which countries are products in a. manufactured in? []

c. Are foreign products purchased directly from the manufacturers, OR from a local distributor? []

d. Percentage of total products purchased from foreign manufacturers? []

e. Do you alter the products in any way, before installation? [] Yes [] No

f. Do you re-label the products? [] Yes [] No

Are hold harmless agreements in favor of your company in place from suppliers? [] Yes [] No

Average amount of Sprinkler work on buildings based on floors:

1 - 3 floors []

4 - 10 floors []

Over 10 floors []

Design Work

Do you provide your own system design work? Yes No

If yes, do individuals performing design work have a professional engineer (P.E.) designation? Yes No

If no, please explain _____

Years experience in sprinkler system design? _____

Do you provide design work for others? Yes No If yes, % of work for others: _____ %

Is available computer software uses to develop or check system layout and adequacy? Yes No

When required, are design plans approved by: Architects Municipal Authorities

Is all extinguishing equipment installed, maintained , serviced and inspected in accordance with the manufacturer’s operation and maintenance instructions? Yes No

If no, please explain _____

Risk Management

Are original blueprints and / or system designs/ layout obtained prior to work? Yes No

If no, do you have written procedure in place to locate hidden pipes, valves, control gears etc,? Please explain:

Are checklists always used on job sites Yes No

If yes, Do the checklists require signoffs and dates for all critical items? Yes No

Do the checklists include type of work performed? Yes No

Do checklists include replacement parts and recharged equipment? Yes No

Do checklists used on-site become part of the permanent job file? Yes No

If no, please explain _____

How long are files for each job maintained? _____

During all retrofit/repair work:

Are steps taken and documented to protect building, flooring, ceilings, furnishings and other property? Yes No

Are red tags used when valves are closed? Yes No

Do you warn the customer against deactivating parts of the system? Yes No

Do you require documented acknowledgement of acceptance of owners after installation? Yes No

If parts or a whole sprinkler system must be left shut down during the day or overnight, which of the following are notified:

Local Fire Department Building Owner Alarm Company Insurance Carrier

Is any record kept of such notices? Yes No

Do you require testing of all systems, whether new construction, retrofit or repair, before final sign-off?

If no, please explain

Do you require water supply test to ensure adequate supply for the system? Yes No

If no, please explain

Final Signoff of completed system by: Municipal Authority General Contractor Building Owner

Are written instructions given to clients on how to prevent freezing? Yes No

CPVC Training and Certification

Do you do CPVC work? Yes No

If yes, please provide answers to the following

Are all Tools used specifically designed for use with plastic pipe and fittings? Yes No

Are fitters trained and certified in CPVC work? Yes No

Detail record on file of employee CPVC training and certificates? Yes No

Only trained/certified fitters permitted to install CPVC? Yes No

Name of Training Program/Certification _____

Number of Trained and Certified CPVC Fitters _____

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from South Western Insurance Group Limited, a customer provides South Western Insurance Group Limited with his or her consent to the collection, use and disclosure of personal information, including that previously collected, 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.

For the purposes identified above, personal information may be disclosed to South Western Insurance Group Limited and any affiliated companies and service providers. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting their 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. The undersigned also warrants that they have not suppressed or misstated any material facts. It is further agreed by the undersigned that each policy or renewal thereof, if issued, is issued in reliance upon the truth of the representations and information in this Application.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants he or she will immediately report such changes to the Insurer and the Insurer may modify or withdraw any quotation or agreement to bind or modify insurance.

Signing of this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to complete this insurance. However, should the Insurer bind and issue a policy, this Application shall serve as the basis of such contract and will be attached to and form part of the policy.

Any person who knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.

IMPORTANT: THE APPLICANT MUST SIGN THIS APPLICATION. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

QUEBEC AND 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: www.swgins.com/page/privacy.htm