



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 7 FOR DETAILS ON OUR PRIVACY POLICY.

THREE Professional and General Liability Insurance Application for:
Beauty, Health and Well-being Services and Practices

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. Return the completed application to South Western Insurance Group Limited

SECTION 1 – GENERAL INFORMATION

1. Name of Applicant (Please print):					
Name of Business to be insured of if different from the above:					
2. Address:					
City/Town:	Province:	Postal Code:			
Phone No.:	E-Mail:				
City/Town:	Province:	Postal Code:			
Phone No.:	E-Mail:				
3. How long has the business been operating?					
4. Is the business a:		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Individual Practice <input type="checkbox"/> Other (describe):			
5. Is the business operated as a:		<input type="checkbox"/> Beauty Salon <input type="checkbox"/> Spa <input type="checkbox"/> MediSpa <input type="checkbox"/> Complementary Therapy Practice <input type="checkbox"/> Homeopathic Practice <input type="checkbox"/> Other (describe):			
6. Are there additional locations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Locations:	Website:	
7. Are you a current policy holder or a new applicant?		<input type="checkbox"/> Existing Holder <input type="checkbox"/> New Applicant			
8. In what capacity do you practice?					
Acupuncturist	<input type="checkbox"/>	Massage Provider (Relaxation)	<input type="checkbox"/>	Registered Nurse	<input type="checkbox"/>
Beautician	<input type="checkbox"/>	Medical Esthetician	<input type="checkbox"/>	Registered Practical Nurse	<input type="checkbox"/>
Dietician	<input type="checkbox"/>	Nutritionist Counsellor	<input type="checkbox"/>	TCM Practitioner	<input type="checkbox"/>
Esthetician	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Healthcare Therapist/Counsellor	<input type="checkbox"/>	Reflexologist	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laser Technician	<input type="checkbox"/>	Reg. Massage Therapist (RMT)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
9. Number of years in practice:					
10. Are you a member of an applicable professional association or professional body?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, please specify:			
11. Are you accredited and/or certified?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, please list accreditations and/or certifications:			
12. Are you a current licensed member in good standing with a professional College?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A License/Registration Number: Date of Expiry (dd/mm/yyyy):			
13. Please state sources and amounts of total revenue in respect of the following years (in CAD):					
		Last Complete Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year	
Professional Fees					
Product Sales					
Other Income (specify):					
Total Gross Revenues					
14. What percentage of clients treated are:		Canadian Residents:	%	Non-Canadian Residents:	%
15. Please provide percentage of patients by age range:		< 30:	%	30-64:	%
		> 65:	%		

SECTION 2 – SERVICES PROVIDED

Part A – Beauty Services

There are several categories of activities that can be covered, each of which has a separate premium banding. Check all applicable services provided in Categories 1-3 in the following table.

Category 1 – Low Risk					
Service	Applicable	% of Revenue	Service	Applicable	% of Revenue
All Hair Styling Services	<input type="checkbox"/>		Green Peel	<input type="checkbox"/>	
Aromatherapy	<input type="checkbox"/>		Make-Up – Non-permanent	<input type="checkbox"/>	
Body Wraps	<input type="checkbox"/>		Manicures	<input type="checkbox"/>	
Ear Piercing	<input type="checkbox"/>		Paraffin	<input type="checkbox"/>	
Eyebrow & Eyelash Tinting	<input type="checkbox"/>		Pedicures	<input type="checkbox"/>	
Eyelash Extensions	<input type="checkbox"/>		Relaxation Massage	<input type="checkbox"/>	
Facials	<input type="checkbox"/>		Reflexology	<input type="checkbox"/>	
Gel Nails	<input type="checkbox"/>		Spray Tanning	<input type="checkbox"/>	
Glycolic Peels – maximum 20% AHA content	<input type="checkbox"/>		Waxing/Sugaring	<input type="checkbox"/>	

Category 2 – Medium Risk					
Service	Applicable	% of Revenue	Service	Applicable	% of Revenue
Acrylic Nails	<input type="checkbox"/>		LED Technology	<input type="checkbox"/>	
Body Piercing (above the waist only)	<input type="checkbox"/>		Radiowave Skin Treatment	<input type="checkbox"/>	
Carboxy Therapy	<input type="checkbox"/>		Teeth Whitening	<input type="checkbox"/>	
Electrolysis	<input type="checkbox"/>		Ultrasound Skin Treatment	<input type="checkbox"/>	
Fitness, Nutrition or Weight Loss Programs	<input type="checkbox"/>				

Category 3 – High Risk					
Service	Applicable	% of Revenue	Service	Applicable	% of Revenue
Botox Injections	<input type="checkbox"/>		Laser, IPL and RF Services	<input type="checkbox"/>	
Collagen Injections	<input type="checkbox"/>		Latisse	<input type="checkbox"/>	
Corn, Bunion or Ingrown Toenail Cutting or Removal	<input type="checkbox"/>		Medical strength Peels	<input type="checkbox"/>	
Cryolipolysis (CoolSculpting)	<input type="checkbox"/>		Microdermabrasion	<input type="checkbox"/>	
Custom Contouring	<input type="checkbox"/>		Microneedling	<input type="checkbox"/>	
Dermaplaning/blading	<input type="checkbox"/>		Micropigmentation	<input type="checkbox"/>	
Ear Candling	<input type="checkbox"/>		Mole or Skin Tag Removal (no cutting)	<input type="checkbox"/>	
Erbium/Ablative Laser	<input type="checkbox"/>		Permanent Makeup (pigment only)	<input type="checkbox"/>	
Eyebrow Embroidery	<input type="checkbox"/>		Photofacial/Non-ablative Wrinkle Reduction	<input type="checkbox"/>	
Injectable Dermal Fillers	<input type="checkbox"/>		Skin Tightening (Laser and RF)	<input type="checkbox"/>	
Injectable plus Dermal Filler	<input type="checkbox"/>		Spider Vein Removal (Sclerotherapy)	<input type="checkbox"/>	
Injectable Vitamins	<input type="checkbox"/>		Tattoo Removal (by laser only)	<input type="checkbox"/>	

Part B – Health and Well-being Therapies¹

There are several categories of activities that can be covered, each of which has a separate premium banding.

Check all appropriate modalities/services provided in Categories 1 and 2 in the following tables:

Category 1 Therapies – Low Risk					
	Applicable	% of Revenue		Applicable	% of Revenue
Massage including but not limited to RMT, therapeutic, relaxation, massage & Deep Tissue, Hot Stone	<input type="checkbox"/>		Biologic-based therapies including but not limited to herbal medicines & teas, dietary supplements (excluding IV vitamins), probiotics	<input type="checkbox"/>	
Manual Therapies including but not limited to Shiatsu	<input type="checkbox"/>		Osteopathy	<input type="checkbox"/>	
Mind-body practices including but not limited to yoga (excluding Hot/Bikram/Moksha), meditation, biofeedback, guided imagery, art, music, dance, prayer, Trager psychophysical integration	<input type="checkbox"/>		Fitness systems including but not limited to Pilates	<input type="checkbox"/>	
Body-based Therapies including but not limited to Feldenkrais method, Alexander technique, Reflexology, Roling, Bowen, Onsen Therapy	<input type="checkbox"/>		Therapies using cold lasers including but not limited to LLLT/LILT-Low Level/Intensity Laser	<input type="checkbox"/>	
Movement Therapies including but not limited to dance	<input type="checkbox"/>		Analytic studies including but not limited to Iridology, Sclerology	<input type="checkbox"/>	
Energy Therapies including but not limited to, Reiki, Tai Chi, Therapeutic Touch, Body Talk, Eden, EFT (tapping), BIE, BARS therapy	<input type="checkbox"/>		Body cleansing/body purifying therapies such as Ionic Foot Bath Detoxification (excluding Colon Hydrotherapy (Irrigation))	<input type="checkbox"/>	
Bio-electromagnetic-based therapies including but not limited to pulsed fields, PEMF therapy, bio-magnetic rebalancing	<input type="checkbox"/>		Cupping	<input type="checkbox"/>	
Therapy incorporating the senses including but not limited to Aromatherapy, Raindrop Therapy	<input type="checkbox"/>		Other (describe):	<input type="checkbox"/>	
Therapies using the Mind including but not limited to Meditation, Prayer	<input type="checkbox"/>		Other (describe):	<input type="checkbox"/>	
			Other (describe):	<input type="checkbox"/>	

Category 2 Therapies – Medium Risk					
	Applicable	% of Revenue		Applicable	% of Revenue
Acupuncture	<input type="checkbox"/>		Indirect Moxibustion	<input type="checkbox"/>	
Colon Hydrotherapy (Irrigation)	<input type="checkbox"/>		Intravenous Vitamin Therapy	<input type="checkbox"/>	
Diet and herbs (including Nutrition Counselling)	<input type="checkbox"/>		Therapies on Animals such as animal massage, Animal Energy Work	<input type="checkbox"/>	
Dry Needling	<input type="checkbox"/>		Trigenics	<input type="checkbox"/>	
Ear Candling	<input type="checkbox"/>		Other (describe):	<input type="checkbox"/>	
Homeopathy/Heilkunst	<input type="checkbox"/>		Other (describe):	<input type="checkbox"/>	
Hypnotherapy (excluding past life regression & use in entertainment)	<input type="checkbox"/>		Other (describe):	<input type="checkbox"/>	

¹ Health and Well-being Therapies include alternative/complementary therapies, TCM, naturopathy and homeopathy.

SECTION 3 – PERSONNEL

(If you are an employee, independent contractor, or individual practitioner go to Section 5.)

Part A – Employees:

1. Indicate by type the number of full-time (F/T) and part-time (P/T) employed by the Applicant:

Type	No.	F/T	P/T	Type	No.	F/T	P/T	Type	No.	F/T	P/T
Acupuncturists		<input type="checkbox"/>	<input type="checkbox"/>	Reg. Massage Therapist (RMT)		<input type="checkbox"/>	<input type="checkbox"/>	Registered Practical Nurse		<input type="checkbox"/>	<input type="checkbox"/>
Aromatherapists		<input type="checkbox"/>	<input type="checkbox"/>	Medical Esthetician		<input type="checkbox"/>	<input type="checkbox"/>	Stylist		<input type="checkbox"/>	<input type="checkbox"/>
Beauticians		<input type="checkbox"/>	<input type="checkbox"/>	Nail Technician		<input type="checkbox"/>	<input type="checkbox"/>	TCM Practitioner		<input type="checkbox"/>	<input type="checkbox"/>
Cosmetologists		<input type="checkbox"/>	<input type="checkbox"/>	Naturopath		<input type="checkbox"/>	<input type="checkbox"/>	Technician		<input type="checkbox"/>	<input type="checkbox"/>
Dieticians		<input type="checkbox"/>	<input type="checkbox"/>	Nutritionist Counsellor		<input type="checkbox"/>	<input type="checkbox"/>	Therapist/Counsellor		<input type="checkbox"/>	<input type="checkbox"/>
Estheticians		<input type="checkbox"/>	<input type="checkbox"/>	Osteopath		<input type="checkbox"/>	<input type="checkbox"/>	Medical Director		<input type="checkbox"/>	<input type="checkbox"/>
Herbalist		<input type="checkbox"/>	<input type="checkbox"/>	Physiotherapist		<input type="checkbox"/>	<input type="checkbox"/>	Clerical/Administrative		<input type="checkbox"/>	<input type="checkbox"/>
Homeopath		<input type="checkbox"/>	<input type="checkbox"/>	Physician		<input type="checkbox"/>	<input type="checkbox"/>	Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>
Laser Technician		<input type="checkbox"/>	<input type="checkbox"/>	Reflexologist		<input type="checkbox"/>	<input type="checkbox"/>	Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>
Massage Provider (Relaxation)		<input type="checkbox"/>	<input type="checkbox"/>	Registered Nurse		<input type="checkbox"/>	<input type="checkbox"/>				

2. Do all staff have certification/credentialing for the services they provide? Yes No
 Attach copies of certificates of qualifications for all aestheticians/technicians for which coverage is required.

Part B – Independent Contractors:

1. Do independent contractors work in the establishment? Yes No

2. Indicate by practice the number of independent contractors providing services in the following table:

Type	No.	F/T	P/T	Type	No.	F/T	P/T	Type	No.	F/T	P/T
Acupuncturists		<input type="checkbox"/>	<input type="checkbox"/>	Reg. Massage Therapist (RMT)		<input type="checkbox"/>	<input type="checkbox"/>	Registered Practical Nurse		<input type="checkbox"/>	<input type="checkbox"/>
Aromatherapist		<input type="checkbox"/>	<input type="checkbox"/>	Medical Esthetician		<input type="checkbox"/>	<input type="checkbox"/>	Stylist		<input type="checkbox"/>	<input type="checkbox"/>
Beautician		<input type="checkbox"/>	<input type="checkbox"/>	Nail Technician		<input type="checkbox"/>	<input type="checkbox"/>	TCM Practitioner		<input type="checkbox"/>	<input type="checkbox"/>
Cosmetologist		<input type="checkbox"/>	<input type="checkbox"/>	Naturopath		<input type="checkbox"/>	<input type="checkbox"/>	Technician		<input type="checkbox"/>	<input type="checkbox"/>
Dietician		<input type="checkbox"/>	<input type="checkbox"/>	Nutritionist Counsellor		<input type="checkbox"/>	<input type="checkbox"/>	Therapist/Counsellor		<input type="checkbox"/>	<input type="checkbox"/>
Esthetician		<input type="checkbox"/>	<input type="checkbox"/>	Osteopath		<input type="checkbox"/>	<input type="checkbox"/>	Medical Director		<input type="checkbox"/>	<input type="checkbox"/>
Herbalist		<input type="checkbox"/>	<input type="checkbox"/>	Physiotherapist		<input type="checkbox"/>	<input type="checkbox"/>	Clerical/Administrative		<input type="checkbox"/>	<input type="checkbox"/>
Homeopath		<input type="checkbox"/>	<input type="checkbox"/>	Physician		<input type="checkbox"/>	<input type="checkbox"/>	Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>
Laser Technician		<input type="checkbox"/>	<input type="checkbox"/>	Reflexologist		<input type="checkbox"/>	<input type="checkbox"/>	Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>
Massage Provider (Relaxation)		<input type="checkbox"/>	<input type="checkbox"/>	Registered Nurse		<input type="checkbox"/>	<input type="checkbox"/>				

3. Do all Independent Contractors carry their own Professional Liability (Medical Malpractice) insurance? Yes No

If no, are you responsible for providing Professional Liability Coverage for these individuals? Yes No

4. Are the professional licenses or certificates of all employees and independent contractors verified? Yes No

SECTION 4 – GENERAL LIABILITY – OCCURRENCE-BASED

1. Complete a brief description of the premises in the table below:

Name of Building	Location	Year Built	Size (Sq. Ft.)	# of Storeys

SECTION 5 – DESCRIPTION OF OPERATIONS

Part A – Beauty Service Providers:

1. Is a client's informed consent obtained in writing prior to starting cosmetic treatments? Yes No

2. Is a client told what post-procedure at-home care is required following specific cosmetic procedures/treatments e.g., laser skin rejuvenation, peel, etc.? Yes No

3. Is a patch test for allergies performed at least 24 hours before proceeding to any skin treatments to mitigate reactions? Yes No

4. Is a client's dermatological history with an emphasis on wound healing and scar formation taken prior to treatment using a laser and IPL treatment? Yes No

5. Do you evaluate a client's skin using a recognized (e.g., Fitzpatrick skin type classification) skin analysis/evaluation tool before treatments using lasers to prevent skin damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are all employees and independent contractors trained by the manufacturer to use the equipment before they perform they perform any treatment on a client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is equipment requiring calibration done in accordance with manufacturer' recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are clients required to wear protective eyewear during laser services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are all operators trained on the machines they use (e.g. IPL , Laser)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are staff required to wear gloves when performing dermabrasion, peels, etc.at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is alcohol ever served on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does equipment have routine and scheduled preventive maintenance in keeping with manufacturers' recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you sell products (e.g., cosmetics, nail care, hair care, supplements, skin care etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please list:

Part B – Health and Well-being Therapies:

1. Is a client's informed consent obtained in writing prior to starting treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you provide health and/or well-being services to Professional Sports persons and/or dancers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you teach and/or certify another to teach others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you make or sell products that are directly related to your treatment modalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part C – Beauty Service Providers / Health and Well-Being Therapies:

1. Are you in compliance with all regulatory workplace health & safety requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you comply with manufacturer guidelines with respect to single use products, devices & equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Infection Control:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you follow the current guidance for infection prevention & control issued by the Public Health Agency of Canada; Ministry of Health or any regional; provincial / territorial public health authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes - when was the guide last updated?	
Do you have a written plan for managing an outbreak of a communicable disease in your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Complete the following questions only if answers to the above questions are "No".

Is there a process of managing patient / customer with symptoms of communicable disease to prevent transmission to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please advise.	
Do you follow the environmental cleaning protocol in the personal services environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ensure that staff follows the hand hygiene protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is immunization against flu offered or required to all staff in your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, please explain.

Are all equipment clean and disinfected / sterilized as per current provincial best practices guidelines before reuse with another patient / customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use single use towels or other protective covers on tables / beds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you dispose all waste including single use device in accordance with regulatory requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all staff able to demonstrate adequate knowledge of general principles of infection control prevention including the common communicable disease risks for staff in the personal services setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the appropriate personal protective equipment (PPE) readily available and easily accessible to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have protocols in placed to obtain and maintain adequate quantities of equipment, products, materials needed for the Infection prevention and control to prevent transmission of the disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6 – INSURANCE AND CLAIMS HISTORY

NOTE: All questions must be answered. Failure to disclose claims history could invalidate coverage.

Part A – Current Insurance Information:

Coverage	Occurrence or Claims-made policy?	Retroactive Date (Claims-made policy)	Exp. Date	Current Limit	Current Deductible	Annual Premium
Professional Liability						
General Liability						
Management Liability						

Part B – Claims Information:

1. Please attach a claims history from your current insurer providing the following details:

Date of Loss/ Incident	Date of Claim	Amount Claimed	Amount Paid	Amount Outstanding (reserve)	Details Including Nature of Allegations and Claimant Details

2. Do you have knowledge of an event, circumstance or occurrence (other than listed above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?
 Yes No If "Yes," please provide details below:

Professional or General Liability	Date of Incident/ Circumstance or Complaint	Details and Facts (including nature of Incident/Circumstance or Complaint & details of complainant)

3. Please indicate which limit(s) of indemnity you require quotation for: Professional Liability (Claims Made) \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000

4. Please indicate which limit(s) of indemnity you require quotation for: General Liability (Occurrence) \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000

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>