

Please check: New Submission Renewal of Premier Policy (pol # _____ exp date: _____)
 Full Legal Name of Individual or Company(s) requiring coverage: _____

If more than one legal entity, please indicate the relationship between each: _____

Operating Name(s): _____
 Address: _____
 Website: _____
 Contact Person (name, email address, tel#): _____
 Please list all branch locations and number of employees at each branch: _____

Total number of employees: _____ Total number of licensed employees: _____
 Structure of Company: (select one): Proprietorship Corporation Partnership Joint Venture
 Please list all Provinces in which the Applicant holds a license to sell life insurance products: _____

Date operations began: _____ Retroactive Date as it appears on current policy: _____
 List all former entities where the applicant(s) is responsible for maintaining in force the errors & omissions coverage (Name of Firm, Date established, and Date it ceased its operating, explanation of situation) - please mark N/A if not applicable: _____

Does the Applicant(s) anticipate a merger, acquisition, or closure/retirement in the coming twelve months: Yes No
 If yes, please explain: _____
 Please list the life insurance carriers the applicant(s) has a contract with (and the year that contract was originally set up): _____

During the last five years, has one or more insurance applicant(s) cancelled or refused to renew your agency contract? Yes No
 If yes, please explain: _____

Does the applicant(s) place any coverage with carriers who are not duly licensed in Canada? Yes No
NOTE: The coverage you are applying for does NOT provide coverage for transactions you may have where a non-licensed insurer is involved.

Does the applicant(s) engage in any sale of general Insurance, as duly licensed by the appropriate insurance council Yes No,
 Explain: _____
 Does the applicant(s) provide services or perform activities outside Canada or for clients who are outside Canada? Yes No,
 Explain: _____

SALE OF INVESTMENTS

If the applicant(s) engages in the sale of investments, please list below the providers of these investments: Yes No
 Are all of the providers of these investments life insurance carriers? Yes No
 If no, please list all non-life providers and types of products: _____

Does the applicant(s) provide any tax advice? Yes No, If yes explain: _____

Does the applicant(s) provide financial planning? Yes No, If yes explain: _____

Does the applicant(s) carry E&O insurance with a separate carrier for the sale of investments, financial planning services, and similar services: Yes No , If yes, please list details of that policy (carrier, policy number, expiry, limits): _____

Is the applicant(s) licensed to sell mutual funds? Yes No

INSURANCE

Line of Business:	Premium Volume:	%age of total volume:	Gross Commissions:
Life and A&H		%	\$
Sale of Investments		%	\$
Other:		%	\$

Prior Insurance History:

Insurer	Term	Limit	Premium	Retroactive Date
		\$	\$	
		\$	\$	
		\$	\$	



COVERAGE AND CLAIMS HISTORY

Date on which the applicant(s) purchased continuous claims made coverage Month: _____ Date _____ Year _____

Has the applicant(s) ever had insurance refused or cancelled for this applicant(s)? Yes No, If yes explain: _____

Has any disciplinary action been taken against the applicant(s) or any of the applicant(s) employees? Yes No, If yes explain: _____

Any claims or legal action made in last 5 years? Yes No,

If yes explain: _____

Is the applicant(s) aware of any situation or circumstances which may result in a claim? Yes No, If yes explain: _____

Explanations: _____

COVERAGE REQUESTED

Effective Date of Policy: _____ Retroactive Date: _____

- Amount of insurance requested:
- \$1,000,000 per loss/\$1,000,000 per policy period
 - \$1,000,000 per loss/\$2,000,000 per policy period
 - \$2,000,000 per loss/\$2,000,000 per policy period
 - \$3,000,000 per loss/\$3,000,000 per policy period
 - \$4,000,000 per loss/\$4,000,000 per policy period
 - \$5,000,000 per loss/\$5,000,000 per policy period
 - Other: \$ _____

Deductible Options: _____

NOTE: A RISK IS NOT BOUND UNTIL SUCH TIME AS _____ HAS ISSUED A BINDER NUMBER IN WRITING, CONFIRMING COVERAGE IS IN PLACE.

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of

Printed Name: _____ Position Held: _____
 Signature: _____ Date: _____
 Brokerage: _____ Broker Name: _____
 Broker Email: _____ Broker phone: _____

List All Licensed Individuals:

Name	Licensed since: (dd/mm/yyyy)	(a) Life (b) Other (details)	Is he/she also employed by another brokerage firm?