

APPLICANT:

1. Name of Applicant (Legal Registered Name): _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone #: _____ Ext: _____ Fax: _____
 Email: _____

2. Business Entity Structure: Individual Partnership Corporation Trust **Date Established:** _____

3. Number of Office Locations (Please attached detailed list): _____

4. Which provincial jurisdictions are you are licensed to Operate in Canada: _____

5. Predecessor Firms – List of all former firms, names purchased or dissolved where the Applicant is responsible for maintaining in force the professional liability insurance and requires coverage. If the firm is not listed here, no coverage will be extended or afforded.

| Name of Firm | Date Established | Date Ceased to Operate |
|--------------|------------------|------------------------|
| | | |
| | | |
| | | |

6. Please provide a complete description of the applicant's activities for which the applicant requires errors and omissions insurance coverage.

7. Is the applicant or any advisor involved in any operations outside of Canada? YES NO
 If yes, please be advised that this policy excludes any operations outside of Canada.

8. Please provide a list of memberships in all professional associations:

9. Does the Applicant publish a newsletter or any other type of publication? YES NO
 If yes, a) What is the title of each such publication? _____
 b) Do the subscribers of the publication(s) pay a subscription fee? YES NO

BUSINESS OPERATION:

10. a) Annual commissions/fees collected for the Applicant's investment advisory services: \$ _____
 b) All other annual income of the Applicant: \$ _____
 Please describe all sources of other income: _____

11. Give, in approximate percentage, the source of your revenue for the following categories:

| Categories | Yes | No | Percentage of Fees & Commissions |
|---|--------------------------|--------------------------|----------------------------------|
| Life Insurance/ Accident & Sickness/Disability/Critical Illness | <input type="checkbox"/> | <input type="checkbox"/> | % |
| GIC / Annuities / Segregated Funds | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Mutual Funds / RRSP / RESP / RRIF | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Bonds / Equities | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Hedge Funds | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Financial Planning / Retirement Planning | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Securities | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Tax Advice* | <input type="checkbox"/> | <input type="checkbox"/> | % |

| | | | |
|--------------------------------|--------------------------|--------------------------|------|
| Derivative Instruments* | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Sale of Distressed Securities* | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Below grade bonds* | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Other*, please specify | <input type="checkbox"/> | <input type="checkbox"/> | % |
| | | Total: | 100% |

If you answered yes to above asterisk (*) categories, Please explain below:

12. SALE OF INVESTMENTS:

If the Company engages in the sale of investments, please list below the providers of these investments.

13. Are all of the providers of these investments life insurance carriers?

YES NO

If no, please list all non-life providers:

14. a) Total asset value of all accounts managed by the Applicant: \$ _____

b) Asset value of the Applicant's largest account: \$ _____

15. a) Please indicate the total number license / registrations of financial advisors:

| Licenses / Registration | # of Financial Advisors |
|---|-------------------------|
| No. of Financial Advisors who are Licensed / Registered Mutual Fund Brokers / Dealers | |
| No. of Financial Advisors who are Licensed Accident & Sickness Agents | |
| No. of Financial Advisors who are Licensed Life Agents | |
| No. of Financial Advisors who are Licensed Securities Brokers / Dealers | |
| No. of Unlicensed Administration Assistants | |

b) Provide the name of each financial advisor from (a) above. (Please attach full roster to application if needed)

| Name | Years of Experience | Assets Under Management |
|------|---------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

16. Does the applicant use a written service agreement with each client?

YES NO

If YES, Does the applicant have written procedure to ensure compliance with the written service agreement?

YES NO

17. As part of this application, Please submit **latest audited financial statements with any notes and schedules.**

CLAIMS:

18. Are you, your employees or any of your associates listed in 13 (b) aware of any circumstance, allegation, contention or incident which may potentially result in a claim for an error or omission in the performance of a professional service being made against your entity, you, any broker or associate or employee present or past associated or working with your entity? **If yes, please attach an additional page with full details including the date of the claim or allegations.**

YES NO

19. Are there any E&O loss paid or outstanding in the last 5 years against the firm, an individual or any employees or associates of the company?

YES NO

If yes, please provide all details of these claims (attach a separate sheet if needed), including the total amount paid:

20. Have you or any of financial / investment advisors under the applicant:

- a) Had their license suspended or terminated by a regulatory authority? YES NO
- b) Ever been called before an investigative committee for disciplinary proceedings for professional misconduct by a professional society / board or any statutory registration board? YES NO
- c) Been censured or fined by a regulatory authority? YES NO
- d) Ever been the recipient of any allegations of fraud or ever been investigated for or implicated in fraud? YES NO

If you answered yes to any of above questions, please provide details below :

PREVIOUS INSURANCE:

21. Has the Applicant / Company carried Errors and Omission Insurance in the past 5 years? YES NO

| INSURER | TERM | LIMIT | PREMIUM | RETROACTIVE DATE |
|---------|------|-------|---------|------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

E&O COVERAGE REQUIRED:

| COVERAGE | Limit of Coverage | Deductible |
|---------------------|--|---|
| ERRORS & OMISSIONS: | <input type="checkbox"/> \$500,000 per claim / \$1,000,000 per policy period <input type="checkbox"/> \$1,000,000 per claim / \$1,000,000 per policy period <input type="checkbox"/> \$1,000,000 per claim / \$2,000,000 per policy period <input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 per policy period | <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 |

OPTIONAL CGL COVERAGE IF REQUIRED:

22. Number of Employees: Full-time Cdn: _____ Part-time Cdn: _____
23. Are all Employees covered by W.C.B? YES NO
 If no, please explain: _____
24. Are the Company, its partners, associates or employees aware of any job disputes or fee disputes during the last five (5) years? YES NO
 If yes, please describe: _____
25. Have you ever brought a claim or suit against another party? YES NO
 If yes, please describe: _____
26. Attach a list of all claims, disputes, suits or allegations of non-performance made during the past 5 years against the applicant or any employee, partner or associate.

| COVERAGE | Limit Required | Deductible |
|-------------------------------|---|--|
| COMMERCIAL GENERAL LIABILITY: | <input type="checkbox"/> \$1,000,000 Per occurrence limit / \$1,000,000 Per aggregate limit <input type="checkbox"/> \$2,000,000 Per occurrence limit / \$2,000,000 Per aggregate limit <input type="checkbox"/> \$5,000,000 Per occurrence limit / \$5,000,000 Per aggregate limit | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 |
| SPF6-STANDARD NOA : | <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 | |

OPTIONAL PROPERTY COVERAGE IF REQUIRED:

27. Location to be Insured: _____
28. Distance to hydrant: _____ Distance to responding fire department: _____

29. Year Built: _____ # of Stories: _____ Building Construction Type: _____
 30. Heating: Gas Electric Oil Other: _____ Electrical: 100amp Breakers _____ Fuses _____
 31. Updates to above (include date of updates to each): _____
 32. Occupancy: 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____
 33. Burglary Alarm: Yes No Monitored: Yes No Sprinklered: Yes No

| COVERAGE | Limit Required | Deductible |
|--|----------------|------------|
| Building – All Risk – 80 co Insurance | | |
| Contents – All Risk – 80 co Insurance | | |
| Miscellaneous Property Floater - Computer Equipment (incl. Laptop) - Tools - Portable Equipment | | |
| Profits | | |
| Extra Expense | | |
| Crime Limit | | |
| Employee Dishonesty Limit | | |
| Earthquake (restrictions in Cresta Zone 1) | | 10% |
| Flood Coverage | | \$10,000 |

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

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.

Applicant's Name: _____ **Position Held:** _____
Applicant's Signature: _____ **Date:** _____
Brokerage: _____ **Broker Name:** _____
Broker Email: _____ **Broker phone:** _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizprofessional@premiergroup.ca ****
Vancouver - T 604.669.5211 F 604.669.2667