

**INSURANCE BROKERS AND AGENTS: E&O APPLICATION**

Please check:  New Submission  Renewal of Premier (pol #: exp date: )

Full Legal Name of Company(s):

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:

# of employees: # of licensed employees: Annual Fees for Contractors:

Structure of Company: (select one):  Proprietorship  Corporation  Partnership  Joint Venture

Please list all Provinces in which the Applicant holds a license:

Licenses Held:  General Insurance Only  General and Life Insurance Products  Sale of Investments

Date operations began: Retroactive Date as it appears on current policy:

List all former entities where the Company 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 Company anticipate a merger, acquisition, or closure/retirement in the coming twelve months:  Yes  No

If yes, please explain:

Please list the insurance carriers the Company has a contract with ( and the year that contract was originally set up):

List all other carriers, wholesale brokers or specialty markets the Company trades with:

During the last five years, has one or more insurance company cancelled or refused to renew your agency contract?  Yes  No

If yes, please explain:

Does the Company act as a MGA for any carrier:  Yes  No

If yes. Please explain:

Does the Company place any coverage with carriers who are not duly licensed in Canada?  Yes  No

Does the Company provide any claims services?  Yes  No

If yes, Please explain:

**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 Company engage in any business or profession other than Insurance, as duly licensed by the appropriate insurance council  Yes  No

Explain:

Does the Company provide services or perform activities outside Canada or for clients who are outside Canada?  Yes  No

Explain:

Does the company attend E&O loss prevention seminars?  Yes  No

**PRIVACY AND NETWORK SECURITY**

In the past 5 years:

Are you aware of any customers, employee or personal private data leaked or missing from your network?  Yes  No

Has your organization been charged or fined in relation to privacy laws?  Yes  No

Has your organization's computer network been breached or hacked?  Yes  No

If yes to any of the above, please explain:

Does the Company employ any of the following security measures? Please check the applicable.

Firewall  Virus Protection  Router  Server Logs  Intrusion Detection Software

Data Backup – Daily  Weekly or  Monthly

Portable Equipment (i.e. laptop, tablets, smart phones etc.) – Password Protection

Explain how servers and other computer equipment (including data storage) is secured from theft (i.e. alarm system):

**SALE OF INVESTMENTS**

Does the Company place any coverage with carriers who are not duly licensed in Canada?  Yes  No

Does the Company provide any claims services?  Yes  No

If yes, explain:

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**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 Company engage in any business or profession other than Insurance, as duly licensed by the appropriate insurance council  Yes  No

Explain:

**SALE OF INVESTMENTS:** If the Company engages in the sale of investments, please list below the providers of these investments.

Are all of the providers of these investments life insurance carriers?  Yes  No

If no, please list all non-life providers:

Does the Company 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):

Does the Company provide any tax advice?  Yes  No

If yes, explain:

Does the Company provide financial planning?  Yes  No

If yes, explain:

**INSURANCE**

Line of Business	Premium Volume:		% age of total volume:	Gross Commissions:	
	Actual in the past 12 months	Estimated for the next 12 months		Actual in the past 12 months	Estimated for the next 12 months
Commercial Lines	\$	\$	%	\$	\$
Auto-Private Insurer	\$	\$	%	\$	\$
Auto-Government Program	\$	\$	%	\$	\$
Personal Lines (Excl auto)	\$	\$	%	\$	\$
Farm	\$	\$	%	\$	\$
Crop, and Animal Mortality	\$	\$	%	\$	\$
Specialty (Aviation, Energy , Credit Insurance etc)	\$	\$	%	\$	\$
Life and A&H	\$	\$	%	\$	\$
Sale of Investments	\$	\$	%	\$	\$
Consulting Fees	\$	\$	%	\$	\$
Other:	\$	\$	%	\$	\$

**COVERAGE AND CLAIMS HISTORY**

Has any disciplinary action been taken against the Company or any of the Company's employees?  Yes  No

If yes explain:

Is the Company aware of any situation or circumstances which may result in a claim?  Yes  No

If yes explain:

**Prior Insurance History**

INSURER	TERM	LIMIT	PREMIUM	RETROACTIVE DATE

Date on which the Company purchased continuous claims made coverage Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

Has the Company ever had insurance refused or cancelled for this company?  Yes  No

If yes, explain:

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

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

Deductible Option: \_\_\_\_\_

**NOTE: A RISK IS NOT BOUND UNTIL SUCH TIME AS PREMIER HAS ISSUED A RENEWAL POLICY OR PROVIDED CONFIRMATION THAT COVERAGE HAS BEEN BOUND. RENEWALS ARE NOT AUTOMATIC.**

Printed Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

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).*

**Licensed Personnel Listing**

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

**\*\* Email application and attachments to - [newbizprofessional@premiergroup.ca](mailto:newbizprofessional@premiergroup.ca) \*\*  
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