

APPLICANT:

1. Name of Applicant (Legal Registered Name): _____
2. Policy Number: _____
3. Have there been any changes in operations? YES NO
If yes, please describe: _____
4. Number of Employees: _____
5. a) Annual commissions/fees collected for the applicant's investment advisory services:
Current Year: \$ _____ Last Year: \$ _____
b) All other annual income of the applicant: \$ _____
Please describe all sources of other income: _____
6. Give, in approximate percentage, the source of your revenue for the following categories:

Categories	Yes	No	Percentage of Fees & Commission	
			Current Year	Last Year
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	<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%	100%

7. Are you, your employees or any of your associates aware of any circumstance, allegation, contention or incident which may potentially result in a claim 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.**
8. **Additional Insured(s) (If applicable):** _____

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited 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 fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

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.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such 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.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

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 - processingcommercial@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667