

INSURANCE BROKERS AND AGENTS: E&O RENEWAL QUESTIONNAIRE

Premier Policy #: _____ Exp Date: _____

Full Legal Name of Company(s): _____

If more than one legal entity, please indicate the relationship between each:
 Have there been any changes in operations? Yes No

Please describe all changes: _____

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

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

Does the Company anticipate a merger, acquisition, or closure/retirement in the coming twelve months: Yes No

If yes, Please explain: _____

INSURANCE

Line of Business	Premium Volume:		% Age of Total Volume:	Gross Commissions:	
	Actual in the past 12 months	Estimates for the next 12 months		Actual in the past 12 months	Estimated for the next 12 months
ComCommercial 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:	\$	\$	%	\$	\$

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

If yes explain: _____

Does the Company 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 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 of Canada Yes No

Explain: _____

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

If yes explain: _____

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.

Printed Name: _____ Position Held: _____

Signature: _____ Date: _____

Brokerage: _____ Broker Name: _____

Broker Email: _____ Broker Phone: _____

**** Email application and attachments to - processingcommercial@premiergroup.ca ****

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