

New Submission     Renewal of Premier    Policy (pol # \_\_\_\_\_)    Exp date: \_\_\_\_\_

1. Full Legal Name of Individual or Company(s) requiring coverage: \_\_\_\_\_

2. Is there more than one legal entity?  Yes  No

If yes, what is the relationship between each entity? \_\_\_\_\_

3. Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

4. Years in Business: \_\_\_\_\_

5. Are there additional (branch) locations?  Yes  No

If yes, provide branch location information: Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

6. Total number of employees: \_\_\_\_\_

7. Does the applicant(s) or any of applicant(s) employees have an active license and meet applicable provincial education requirements?  Yes  No

8. Has applicant(s) or any of applicant(s) employees been subject to any licensing fines or suspensions?  Yes  No

9. Is the applicant a member in good standing of a provincial association?  Yes  No

10. Please list where the applicant holds a license to sell life insurance products:

British Columbia     Alberta     Saskatchewan     Manitoba     Ontario     Quebec     Newfoundland

New Brunswick     Nova Scotia     Northwest Territories     Yukon     PEI     Nunavut     Other: \_\_\_\_\_

11. Does the applicant have a current E&O insurance policy?  Yes  No

If yes, what is the retroactive date on the current E&O policy? \_\_\_\_\_

Note, a copy of the policy will be required at binding to confirm retroactive date.

12. Is the applicant(s) responsible for maintaining in force the errors & omissions coverage for any former entities?  Yes  No

If yes, Name of Firm: \_\_\_\_\_ Date Established: \_\_\_\_\_ Date Ceased Operating: \_\_\_\_\_

Explanation of Situation: \_\_\_\_\_

13. Does the Applicant(s) anticipate a merger, acquisition, or closure/retirement in the coming twelve months?  Yes  No

14. Please list the life insurance carriers the applicant(s) trades with:

\_\_\_\_\_

15. The coverage you are applying for does NOT provide coverage for transactions you may have where a non-licensed insurer is involved.

I understand     I do not understand

**SALE OF INVESTMENTS**

16. Does the applicant(s) provide formal financial planning services?  Yes  No

If yes, describe: \_\_\_\_\_

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

If yes, are products provided solely by licensed life insurance companies licensed in Canada?  Yes  No

18. Does the applicant(s) engage in the sale of investments, other than mutual funds?  Yes  No

If yes, please list the providers of these investments: \_\_\_\_\_

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

If no, please list all non-life providers and types of products: \_\_\_\_\_

**INSURANCE**

Line of Business	Gross Commission
Life and A&H	
Sale of Investments	
Sale of Mutual Funds	
Other (Please describe): _____	
Total:	

**COVERAGE AND CLAIMS HISTORY**

19. Has the applicant(s) ever had insurance refused or cancelled for this applicant(s)?  Yes  No  
 If yes, describe: \_\_\_\_\_
20. Any claims or legal action made in the last 5 years?  Yes  No  
 If yes, describe: \_\_\_\_\_
21. Is the applicant(s) aware of any situation or circumstances which may result in a claim?  Yes  No  
 If yes, describe: \_\_\_\_\_

**INFORMATION REQUIRED UPON BINDING**

Date coverage required: \_\_\_\_\_

**Select Aggregate Limit of Liability & Aggregate Limit of Each Claim:**

- \$1,000,000 per loss / \$2,000,000 per policy period
- \$1,000,000 per loss / \$5,000,000 per policy period
- \$2,000,000 per loss / \$2,000,000 per policy period
- \$2,000,000 per loss / \$4,000,000 per policy period
- \$5,000,000 per loss / \$5,000,000 per policy period

**Please list all licensed Individuals:**

Name	Licensed Since: (dd/mm/yyyy)

**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: \_\_\_\_\_  
 Broker AGT#: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. (WEST) Inc. 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](mailto:newbizprofessional@premiergroup.ca) \*\***

Vancouver - T 604.669.5211 F 604.669.2667      London - T 519.850.1610 F 519.850.1614