

RENEWAL QUESTIONNAIRE – LIFE AGENTS

Name of Insured: _____
 Policy Number: _____ Expiry Date: _____
 Has there been any changes in your operation(s)? YES NO
 If yes, please describe: _____
 Are you operating any differently as a result of COVID-19? YES NO
 If yes, please describe: _____
 Have there been any changes to any of your life insurance carriers? YES NO
 If yes, please describe: _____
 Have you experienced any changes to your life insurance carriers' underwriting requirements (ie additional restrictions etc.)? YES NO
 If yes, please describe: _____
 Please confirm all online/remote IT services that you own, utilize and operate to conduct your business have continued to function properly during COVID-19. YES NO
 Please confirm all records/data files that you own, utilize and operate to conduct your business have continued to be accessible during COVID-19. YES NO

INSURANCE

Line of Business:	Premium Volume:	%age of total volume:	Gross Commissions:
Life and A&H		%	\$
Sale of Investments		%	\$
Other:		%	\$

SALE OF INVESTMENTS

If you, the Insured(s) engages in the sale of investments, please list below the providers of these investments: YES NO
 Are all of the providers of these investments life insurance carriers? YES NO
 If no, please list all non-life providers and types of products: _____
 Do you, the Insured(s) provide any tax advice? YES NO
 If yes, please explain: _____
 Do you, the Insured(s) provide financial planning? YES NO
 If yes, please explain: _____
 Do you, the Insured(s) 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): _____
 Are you, the Insured(s) licensed to sell mutual funds? YES NO
 Are you or your Company (partners, directors, officers or employees) aware of any disputes or fee disputes since the last application for insurance was completed? YES NO
 If yes, please describe: _____
 Are you or your Company (partners, directors, officers or employees) aware of any other fact, situation or circumstance that may result in a written demand or civil proceedings for compensatory damages? YES NO
 If yes, please describe: _____

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.

Name and Title of Insured: _____
 Signature: _____ Date: _____
 Brokerage: _____
 Broker Contact Name: _____ Signature: _____
 Broker Telephone: _____ Broker fax: _____ Broker Email: _____

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

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