

**APPLICANT:**

- 1. Name of Applicant ( Legal Registered Name ): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- 2. # of Mortgage Brokers: \_\_\_\_\_ # of Mortgage Agents: \_\_\_\_\_  
 # of other employees: \_\_\_\_\_ Annual Fees for Contractors: \_\_\_\_\_
- 3. Is the Applicant aware of any material changes since last year's application?  YES  NO  
 If yes, please provide details: \_\_\_\_\_

**OPERATION INFORMATION:**

4. Fiscal Year _____	Total Canadian Revenue	Total U.S. / Foreign Revenue
Next 12 Months	\$ _____ (Projected)	\$ _____ (Projected)
Past 12 Months	\$ _____	\$ _____

5. Of the total number of mortgages arranged in the past 12 months, what percentage were derived from the following:

Residential Mortgages	_____ %	Mortgage placed with institutional lenders	_____ %
Commercial Mortgages	_____ %	Mortgage placed with private lenders	_____ %
Construction Mortgages	_____ %	Mortgage placed with others(MICS)	_____ %
Second Mortgages	_____ %	Mortgage funded in house	_____ %
Total:	100%	Subprime Mortgage	_____ %
		Total:	100%

- 6. Is the Company (partners, directors, officers or employees) aware of any dispute or fee disputes since the last application for insurance was completed?  YES  NO  
 If yes, please describe: \_\_\_\_\_
- 7. Is the Company (partners, directors, officers or employees) aware of any other facts, situation or circumstances, that may result in a written demand or civil proceedings for compensatory damages  YES  NO  
 If yes, please describe: \_\_\_\_\_
- 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.**

Name and Title of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage: \_\_\_\_\_

Broker Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Broker Telephone: \_\_\_\_\_ Broker fax: \_\_\_\_\_ Broker Email: \_\_\_\_\_

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

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