



LIFE, ACCIDENT & HEALTH QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

Agency Name: _____ **Policy Number:** _____

1. Please provide a breakdown of annual commissions during the last twelve months in the following areas:

Individual Life	\$		Group A&H	\$	
Individual A&H	\$		Pension Plans	\$	
Group Life	\$		Annuities	\$	
Other	\$				

2. List the major LA&H companies currently representing at least 85% of the annual commission:

Name of Carrier	Indicate % of Total	Name of Carrier	Indicate % of Total

3. Do you place any business with self-insured funds, HMO'S, PPO, CAPTIVES, ERISA and MEWA PLANS or POOL type arrangements? Yes No
 If so, please identify:

4. Are you involved in any financial planning activities? Yes No
If so, please describe:

5. Do you have a separate department for this business? Yes No

6. Are all staff handling this business included in question #22 of your application? Yes No

7. Income Breakdown:

Property & Casualty lines	\$	_____
LA&H	\$	_____
Other	\$	_____
TOTAL	\$	_____

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____
EMAIL: _____

**For contact information visit:
www.markelinternational.ca**