

INSURANCE AGENTS & BROKERS SUPPLEMENT
 Forming part of the Professional Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



 Name of Applicant

Your firm is licensed as: Insurance Agent Insurance Broker Life Insurance Agent Reinsurance Broker

Other _____
 Describe

Your firm is licensed to transact business in the Province(s) of:

Provide the percentage of your firm's gross premium and the volume written from the last fiscal periode attributable to the following :

Personal Lines including Auto	_____ Percentage	_____ Dollar Amount
Commercial Lines	_____ Percentage	_____ Dollar Amount
Marine/Aviation	_____ Percentage	_____ Dollar Amount
Farms	_____ Percentage	_____ Dollar Amount
Life	_____ Percentage	_____ Dollar Amount
Accident and Health	_____ Percentage	_____ Dollar Amount
Other _____ Describe	_____ Percentage	_____ Dollar Amount
Total	1 0 0 Percentage	_____ Dollar Amount

Provide the percentage of business placed from the last fiscal period attributable to the following :

Direct with Insurance Companies	_____ Percentage	
Through MGAs	_____ Percentage	
Through Brokers	_____ Percentage	TOTAL should equal 100%
Through Retail Agencies	_____ Percentage	
Other _____ Describe	_____ Percentage	

List all insurance companies with whom you have an agency contract :

List all other insurance companies, specialty markets or brokers with whom you place business:

List services/activities you provide if you act as Managing General Agent:

During last five years, has any insurance company cancelled or refused to renew your agency contract? Yes No

If Yes, provide the name(s) of the company (ies) and reason(s):

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Activity	Revenue
Premium Financing	_____ Dollar Amount
Claims Adjustment Services	_____ Dollar Amount
Actuarial Services	_____ Dollar Amount
Legal Advice	_____ Dollar Amount
Fee Based Insurance Consultancy	_____ Dollar Amount
Third Party Administration	_____ Dollar Amount
Other _____ Describe	_____ Dollar Amount

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If commission sales persons and/or sub-brokers are to be included as additional named insured, provide the name(s) and annual gross premium volume.

Has the Applicant or any Owner, Officer or Partner been subject to any insurance authority's disciplinary action? Yes No

If Yes, Provide details:

How long do you keep your customers' information/documentation on file? _____
Year

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |