



This is an Application Form for an insurance policy relating to claims made against the Insured during the Policy Period.

ALL QUESTIONS MUST BE ANSWERED. IF THERE IS NO ANSWER, WRITE "NONE" OR "NOT APPLICABLE". Where space provided is insufficient to fully answer, please attach a separate sheet(s).

1. Name of Applicant:

2. Address of Head Office:

3. Web-site Address:

4. Year Established:

5.

b) Location(s) of branch office(s):

Name	Address	Gross Annual Premium (to be included in question #11)
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c) Are these offices owned and under direct control of the applicant? Yes No

6. Applicant is: a Corporation a Partnership an Individual

7.

a) Are you controlled by, owned by, associated or affiliated with any other firm, organization or corporation? Yes No

b) Do you own or control any subsidiaries? Yes No

If yes, please provide full details including any applicable ownership percentages.

8. Within the last five years have there been any:

a) Changes in name? Yes No

b) Changes in brokerage ownership? Yes No

c) Brokerage cluster arrangements? Yes No

d) Mergers with or purchases of other brokerages? Yes No

If yes, please attach details



List memberships in professional and insurance agents/brokers associations:

9. List the provinces in which the applicant or individuals are licensed:

10.

a) List the following information for insurance companies with whom you place business directly (create a separate list if necessary):

Insurance Company	Years Represented	Estimated Loss Ratio (last 3 yrs)	Licensed Carrier (yes or no)	Annual Premium Volume
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b) What percentage of the applicant’s business is placed with unlicensed carriers?

c) List the following information for brokers or other intermediaries with whom you do business (create a separate list if necessary):

Broker	Insurance Company	Estimated Loss Ratio (last 3 yrs)	Licensed Carrier (yes or no)	Annual Premium Volume
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If loss ratio for any company represented is over 100%, please provide a reason:

List insurance carriers with who contracts have been terminated in the last 5 years, and provide reasons for such termination(s):

II.	Present Year	Next 12 months
a) Total P&C gross premiums written annually <u>excluding Life and A&H</u> :	\$	\$
b) Total gross annual P&C commissions :	\$	\$
c) Total gross annual Life and A&H commissions :	\$	\$
d) Total gross annual Government auto commissions :	\$	\$
e) Total income derived from any source other than sale of insurance: (ie. consulting, loss control, etc...)	\$	\$

Does any one client represent more than 25% of the applicant’s annual revenue? If yes, provide details:



12. Percentage of business by premium volume **to total 100% of all business:**

Commercial Lines:	%	Life and A&H Insurance	%
Fire – standard		Life, individual	
Fire – substandard		Life, Group	
CGL		A&H, individual	
Umbrella / Excess		A&H, group	
Auto – standard		Travel/Accident	
Auto – substandard		Annuities	
Long Haul Trucking		Segregated Funds	
Workers Compensation		Employee Benefits Plans	
Marine (Ocean and Inland)		G.I.C.s	
Farm		R.R.S.P.s	
Livestock Mortality		R.R.I.F.s	
Crop Coverages		Other (specify)	
Medical Malpractice			
Professional Liability (specify)			
Bonds			
Aviation			
Other (specify)			
Personal Lines:			
Auto – standard			
Auto – substandard			
Homeowners & Standard Fire			
Substandard Fire			
Pleasure Craft			
Other (specify)			
TOTAL:	100%		

13. Business Placed as:	Broker	%
	Managing General Agent	%
	Captive Agent	%
	Surplus Lines Broker	%
	Reinsurance Broker	%

14. Do you place any USA admitted insurance policies? Yes No If yes, how many policies per year?



15. Do you have any Underwriting Authority contracts (Binders) with Lloyd's or domestic insurers?
Yes No

If yes, please provide the nature of the contracts and annual commissions.

16. In the past five years, has the applicant:
- a) Placed coverage for risks involved in petroleum exploration and extraction, mineral exploration and mining? Yes No
 - b) Placed coverage for hazardous waste operations or operations with significant pollution exposures? Yes No
 - c) Specialized in any programs or classes of business? Yes No
 - d) Placed coverage or had involvement with any Self-Insured / Captives, Risk Retention Groups, or Risk Purchasing Groups? Yes No
 - e) Placed coverage or had involvement with Multiple Employer Trusts? Yes No

If yes is answered to any of the above, please provide details:

17. Indicate total number of Personnel (each individual should be counted only once)
- Owners, Officers, Partners
 - Exclusive Non-employee Producers
 - Non-exclusive Non-employee Producers
 - Other Employees (include clerical)
 - TOTAL STAFF** (include part-time)

18. Indicate the number of years current Executive Management has been in place:

19. What percentage of business is received from non-employee producers?

20. Do you desire coverage for non-exclusive, non-employee producers for business placed on behalf of the Named Insured? Yes No

If no, do they carry their own E&O Insurance?

21. Office Procedures:
- a) Does the applicant utilize a computerized production and accounting system? Yes No
 - b) Is incoming mail date-stamped? Yes No
 - c) Are all binders confirmed in writing? Yes No
 - d) Does the applicant require all telephone conversations to be documented in writing? Yes No
 - e) Does the applicant maintain a policy expiration list? Yes No
 - f) Does the applicant require that files be documented to ensure certificate holders, regulatory agencies, etc. are notified of cancellation or material change? Yes No

- g) Does the applicant have a written policy prohibiting employees from completing applications on behalf of clients? Yes No
- h) Does the applicant have an abeyance system? Yes No
- i) Does the applicant conduct in-house audits to monitor compliance with office and/or risk management procedures? Yes No
- j) Does the applicant provide written confirmation to its clients of their refusal to accept recommended coverages or limits? Yes No
- k) Does the applicant have a written procedure for reviewing all policies and endorsements for accuracy before sending them to the client? Yes No
- l) Does the applicant have a procedure requiring all personnel to immediately notify a designated individual within the firm of any incident or occurrence that might give rise to a Professional Liability claim against an employee or the applicant? Yes No

22. Does the applicant perform any of the following services:

- a. Reinsurance Intermediary Yes No
- b. Third Party Administrator Yes No
- c. Claims Adjustment Service Yes No
- d. Financial Planning Yes No
- e. Registered Investment Advisor Yes No
- f. Safety & Engineering Service Yes No
- g. Actuarial Services Yes No
- h. Tax Adviser Yes No
- i. Risk Management Yes No
- j. Loss Control Yes No
- k. Data Processing Consulting Yes No
- l. Human Resources Yes No
- m. Expert Witness Yes No
- n. Other (specify):

23. Is the applicant affiliated with, have ownership of, or engaged in any of the following businesses or professions?

- a. Insurance Company Yes No
- b. Real Estate Agency Yes No
- c. Premium Finance Company Yes No
- d. Bank or Trust Company Yes No
- e. Securities other than Mutual Funds Yes No
- f. Other (specify):

24. Does the applicant place insurance coverage on any entity in which the applicant has an ownership interest, or for any for-profit entity in which an applicant is an officer or director? Yes No



If yes, provide an explanation:

25. Does the applicant maintain Commercial General Liability Insurance Coverage: Yes No

Limit: \$ Expiry Date:

26.

a) Please provide the following details of all Errors & Omissions Insurance carried in the past 3 years:

Insurer	Expiry Date	Limit of Liability	Deductible

b) In what year did you first purchase Errors & Omissions coverage?

c) Has there been any interruption in this coverage? Yes No

If yes, please explain:

d) If this is a first-time purchase of Broker's E&O insurance, please advise your desired Limit of Liability and Deductible: Limit: \$ Deductible: \$

27. Has any similar insurance been refused, cancelled or not renewed by an insurer? Yes No

If yes, provide details:

28. Has the applicant firm or any principal, partner or employee ever been suspended, prohibited from practicing or the recipient of a disciplinary complaint? Yes No

If yes, provide details:

29. Has any claim been made against the applicant or any of its past or present owners, officers, partners, employees or producers in the past 5 years? Yes No

If yes, provide details (attach schedule if necessary).

30. Is the applicant or any of its past or present owners, officers, partners, employees or producers aware of any fact, error, omission, or circumstance of a type, which could give rise to a claim?

Yes No

If yes, provide details (attach schedule if necessary).



DECLARATIONS AND SIGNATURE

The undersigned warrants that to the best of their knowledge and belief, the statements set forth herein are true and include all material information.

The undersigned further warrants that if the information supplied on this Application Form changes between the date of this Application Form and the effective date of the policy, if issued, the Insurer will be notified immediately. At the sole discretion of the Insurer, any outstanding quotations may be modified or withdrawn.

Signing of this Application Form does not bind the applicant to purchase the insurance, but it is agreed that this Application Form, including all attachments, shall be the basis of the contract should a policy be issued, and this does not obligate the Insurer to issue a policy.

Coverage will not be effective until confirmed by the Insurer or a policy is issued.

NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION FORM HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Signature

Title

Date