

**APPLICANT:**

1. Name of Applicant (Legal Registered Name): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

2. Business Entity Structure: Individual  Partnership  Corporation  Trust  **Date Established:** \_\_\_\_\_

3. Number of Office Locations: \_\_\_\_\_

4. Which provincial jurisdictions are you are licensed to Operate in Canada: \_\_\_\_\_

5. Predecessor Firms – List of all former firms, names purchased or dissolved where the Applicant is responsible for maintaining in force the professional liability insurance and requires coverage. If the firm is not listed here, no coverage will be extended or afforded.

Name of Firm	Date Established	Date Ceased to Operate

6. Are they a membership of a professional associations?  YES  NO

7. Does the Applicant publish a newsletter or any other type of publication?  YES  NO

If yes, a) What is the title of each such publication? \_\_\_\_\_

b) Do the subscribers of the publication(s) pay a subscription fee?  YES  NO

**BUSINESS OPERATION:**

8. a) Annual commissions/fees collected for investment advisory services: Last 12 months - \$ \_\_\_\_\_  
 Next 12 months - \$ \_\_\_\_\_

b) All other annual income of the Applicant: \$ \_\_\_\_\_

Please describe all sources of other income: \_\_\_\_\_

9. Give, in approximate percentage, the source of your revenue for the following categories:

Categories	Yes	No	Percentage of Fees & Commission	
			Last 12 Months	Next 12 Months
Life Insurance / Accident & Sickness/disability/Critical Illness	<input type="checkbox"/>	<input type="checkbox"/>	%	%
GIC / Annuities / Segregated Funds	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Mutual Funds / RRSP / RESP / RRIF	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Bonds / Equities	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Hedge Funds	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Financial Planning / Retirement	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Securities	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Tax Advice*	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Derivative Instruments*	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Sale of Distressed Securities*	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Below Grade Bonds*	<input type="checkbox"/>	<input type="checkbox"/>	%	%
Other* - please specify:	<input type="checkbox"/>	<input type="checkbox"/>	%	%
<b>Total:</b>			<b>100%</b>	<b>100%</b>

If you answered yes to above asterisk (\*) categories, please explain below:

\_\_\_\_\_

\_\_\_\_\_

**10. SALE OF INVESTMENTS:**

If the Company engages in the sale of investments, please list below the providers of these investments.

\_\_\_\_\_

Are all of the providers of these investments' life insurance carriers?  YES  NO

If no, please list all non-life providers:

\_\_\_\_\_

11. a) Total asset value of all accounts managed by the Applicant: \$ \_\_\_\_\_

b) Asset value of the Applicant's largest account: \$ \_\_\_\_\_

12. a) Please indicate the total number license / registrations of financial advisors:

Licenses / Registration	# of Agents / Advisors
No. of Financial Advisors who are Licensed / Registered Mutual Fund Brokers / Dealers	
No. of Financial Advisors who are Licensed Accident & Sickness Agents	
No. of Financial Advisors who are Licensed Life Agents	
No. of Financial Advisors who are Licensed Securities Brokers / Dealers	
No. of Unlicensed Administration Assistants	

b) Provide the name of each financial advisor from (a) above. (Please attach full roster to application if needed)

Name	Years of Experience	Assets Under Management

13. Does the applicant use a written service agreement with each client?  YES  NO

If YES, Does the applicant have written procedure to ensure compliance with the written service agreement?  YES  NO

14. As part of this application, please submit **latest audited financial statements with any notes and schedules.**

**CLAIMS:**

15. Are you, your employees or any of your associates aware of any circumstance, allegation, contention or incident which may potentially result in a claim for an error or omission in the performance of a professional service being made against your entity, you, any broker or associate or employee present or past associated or working with your entity? **If yes, please attach an additional page with full details including the date of the claim or allegations.**  YES  NO

16. Are there any loss paid or outstanding in the last 5 years against the firm, an individual or any employees or associates of the company?  YES  NO

If yes, please provide all details of these claims including the total amount paid.

\_\_\_\_\_

17. Have you or any of financial / investment advisors under the applicant:

a) Had their license suspended or terminated by a regulatory authority?  YES  NO

b) Ever been called before an investigative committee for disciplinary proceedings for professional misconduct by a professional society / board or any statutory registration board?  YES  NO

c) Been censured or fined by a regulatory authority?  YES  NO

d) Ever been the recipient of any allegations of fraud or ever been investigated for or implicated in fraud?  YES  NO

**If you answered yes to any of above questions, please provide details below:**

\_\_\_\_\_

**PREVIOUS INSURANCE:**

18. Has the Applicant / Company carried Errors and Omission Insurance in the past 5 years?  YES  NO

INSURER	TERM	LIMIT	PREMIUM	RETROACTIVE DATE
		\$	\$	
		\$	\$	
		\$	\$	

**E&O COVERAGE REQUIRED:**

COVERAGE	Limit of Coverage	Deductible
ERRORS & OMISSIONS:	<input type="checkbox"/> \$500,000 per claim / \$1,000,000 per policy period <input type="checkbox"/> \$1,000,000 per claim / \$1,000,000 per policy period <input type="checkbox"/> \$1,000,000 per claim / \$2,000,000 per policy period <input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 per policy period	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

**OPTIONAL CGL COVERAGE IF REQUIRED:**

19. Number of Employees: \_\_\_\_\_
20. Are all Employees covered by W.C.B?  YES  NO  
 If no, please explain: \_\_\_\_\_
21. Are the Company, its partners, associates or employees aware of any job disputes or fee disputes during the last five (5) years?  YES  NO  
 If yes, please describe: \_\_\_\_\_
22. Have you ever brought a claim or suit against another party?  YES  NO  
 If yes, please describe: \_\_\_\_\_
23. Attach a list of all claims, disputes, suits or allegations of non-performance made during the past 5 years against the applicant or any employee, partner or associate.

COVERAGE	Limit Required	Deductible
COMMERCIAL GENERAL LIABILITY:	<input type="checkbox"/> \$1,000,000 Per occurrence limit / \$1,000,000 Per aggregate limit <input type="checkbox"/> \$2,000,000 Per occurrence limit / \$2,000,000 Per aggregate limit <input type="checkbox"/> \$5,000,000 Per occurrence limit / \$5,000,000 Per aggregate limit	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
SPF6-STANDARD NOA:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	

**OPTIONAL PROPERTY COVERAGE IF REQUIRED:**

24. Location to be Insured: \_\_\_\_\_
25. Distance to hydrant: \_\_\_\_\_ Distance to responding fire department: \_\_\_\_\_
26. Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Building Construction Type: \_\_\_\_\_
27. Heating:  Gas  Electric  Oil Other: \_\_\_\_\_ Year Last Updated: \_\_\_\_\_
28. Electrical:  100amp Breakers  Fuses Year Last Updated: \_\_\_\_\_
29. Types of Neighboring Occupancies:  Business  Commercial  Hospitality  Industrial  Offices  Residential  Other \_\_\_\_\_
30. Burglary Alarm:  Yes  No Monitored:  Yes  No Sprinklered:  Yes  No

COVERAGE	Limit Required	Deductible
Building – All Risk – 80 co Insurance		
Contents – All Risk – 80 co Insurance		
Miscellaneous Property Floater - Computer Equipment (incl. Laptop) - Tools - Portable Equipment		
Business Interruption / Profits		
Extra Expense		
Earthquake (restrictions in Cresta Zone 1) Flood Coverage		10% \$10,000

**DECLARATION / CONSENT:**

**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.**

<b>Applicant's Name:</b>	<b>Position Held:</b>
<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Brokerage:</b>	<b>Broker Name:</b>
<b>Broker Email:</b>	<b>Broker phone:</b>

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizprofessional@premiergroup.ca](mailto:newbizprofessional@premiergroup.ca) \*\***  
**Vancouver - T 604.669.5211 F 604.669.2667**