

Application for Insurance

Professional Liability Insurance for Financial Agencies and Firms



If issued, **your policy will be on a Claims made and reported basis** and is issued relying on the completeness and accuracy of the disclosures and statements in this application. The Limits of Liability and Deductibles apply to any Defence Costs payable under the policy (words and expressions, other than in the headings, printed in bold are defined in the policy form).

1 | General Information

APPLICANT INFORMATION

Name of Applicant (Company/ Entity to be insured)					
Address of Applicant (Principal office)					
City		Province		Postal code	
Phone		Fax			
Email address					
Contact name					
Contact's email address					
Year Established		Province of Incorporation			
Type of company	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other				

BRANCH OFFICE(S)

Number of Branches/Offices

If more than two, click link to enter additional offices. Includes both official branch offices and if owners/employees work out of different home offices.

Street	City	Province	Postal Code

SUBSIDIARIES

Number of Subsidiaries If more than two, click link to enter more.

Do you want coverage for subsidiaries? Yes No

Street	City	Province	Postal Code

List all Predecessor Firms for whom coverage is required under the policy, if issued

2 | Company Information

Attach the Applicant's latest (audited) financial statements with all notes and schedules, and any other relevant financial materials.

GENERAL BUSINESS DESCRIPTION

- Life Insurance Agency MGA/AGA Activities Financial Planning Mutual Fund Dealer/Agency
 Travel Insurance Sales Other Activities – please list

CARRIER PARTNERS

If applying for coverage as a licensed life agency, indicate the top 5 insurance carriers with which you are contract to sell or distribute on behalf of.

COVERAGE LIMITS AND DEDUCTIBLE REQUESTED

Limits of Liability per claim

Limits of Liability Aggregate per policy period

- a) Describe the nature of operations and professional services rendered by the applicant, as stated above, for which coverage is required (include company website):
- b) Last completed Fiscal year from to
- c) Gross revenue for the last completed fiscal year
- d) Estimated gross revenue for the current fiscal year
- e) Does the applicant provide services or perform activities outside of Canada or for clients who are domiciled outside of Canada?
 Yes No If yes, provide full details:
- f) Select each province where the agency/firm is licensed:

Licence	BC	AB	SK	MT	ON	QC	NB	NS	PE	NL	NW	YU	NU
Life/A&S Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Fund Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- g) Has /does the Applicant render Professional Services using sub-contractors (other than sub-agents)?
 Yes No If yes, provide the following additional information:
 - What percentage?
 - List what Professional Services have or may be sub-contracted to others:
- h) Provide answers to the following questions pertaining to operational/compliance controls and protocols
 - Does the Applicant have a formalized compliance and risk management program? Yes No
 - Does the Applicant have a written operational procedural manual for employees to follow? Yes No
 - Does the Applicant have a formalized training program for newly hired employees? Yes No
 - Does the Applicant request proof of professional liability insurance from contractors? Yes No
 - Does the Applicant request indemnification/hold harmless agreements from sub-contractors? Yes No
- i) Has there been any changes to the products and services rendered in the past 12 months? Yes No

4 | Coverage and Claims History

a) Professional Liability Insurance purchased by the Applicant for the past 5 years detailing the present insurance coverage first:

Previous Insurer *	Policy Number	Policy Period	Policy Limit	Deductible

* State the insuring company, not the broker, of your prior Corporate Errors & Omissions Insurance

b) Date on which uninterrupted Professional Liability Insurance began:

c) To any Applicant’s knowledge, has any insurer declined to provide or cancelled insurance coverage for any Applicant, its predecessor or any past or present director, partner, officer, or employee? Yes No

d) Has any claim or suit been made against any Applicant, its predecessor, or any past or present director, partner, officer, or employee? If yes, describe * Yes No

e) Is the Applicant or any director, officer or employee thereof aware of or in possession of any knowledge of an act, error, omission, or breach of duty committed in the rendering of Professional Services that may give rise to a claim against any insured proposed for insurance coverage under this application? If yes, describe * Yes No

f) Has the Applicant or any of its members, employees, directors, or predecessors been the subject of disciplinary proceedings? If yes, describe * Yes No

* If any response is yes to 4d), 4e), or 4f) please provide the following information:

- Claimant/Potential Claimant Name
- Date the act, error, omission, or personal injury was committed or alleged to have been committed
- Date of claim
- Nature of claim
- Quantum
- Any legal opinion obtained as to liability
- Any legal, adjusting, or indemnity payments to date and reserves established

It is acknowledged and agreed that any loss arising from a matter disclosed, or which should have been disclosed in 4d), 4e) or 4f) above, is excluded from coverage, all without limited any other remedy available to for non-disclosure.

