Application for Insurance

Professional Liability Insurance for Financial Agencies and Firms



If issued, <u>your policy will be on a Claims made and reported basis</u> 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	☐ Corporation ☐ Partners	hip 🗆 Othei	ſ					
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	Street City Province Postal Code							
SUBSIDIARIES Number of Subsidiaries								
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								
CENTER IE DOGINESO DESCRIT TON								
☐ Life Insurance Agency ☐ MGA/AGA A	ctivities □ Financial Planni ties – please list	ng 🗆 Mutı	ual Fund Dealer/Agen	су				

CAR	RIER PARTNERS													
•	plying for coverage as a alf of.	licensed	l life age	ency, inc	dicate th	ie top 5	insuran	ce carrie	rs with	which y	ou are c	ontract	to sell oi	distribute on
COVE	RAGE LIMITS AND DEDU	JCTIBLE I	REQUES	STED										
	of Liability per claim of Liability Aggregate pe	er policy	period											
a)	Describe the nature of required (include comp	-		profess	sional se	rvices re	endered	by the a	applican	t, as sta	ted abo	ve, for v	vhich cov	erage is
b)	Last completed Fiscal y	ear fron	n	to										
c)	Gross revenue for the	last com	pleted 1	fiscal ye	ar									
d)	Estimated gross revenue for the current fiscal year													
e)	Does the applicant pro ☐ Yes ☐ No If yes				n activit	ies outs	ide of Ca	anada oı	for clie	nts who	are do	miciled (outside o	of Canada?
f)	Select each province w	here the	e agenc	y/firm is	license	d:								
	Licence	ВС	AB	SK	MB	ON	QC	NB	NS	PE	NL	NW	YU	NU
	Life/A&S Agency							Ш	Ш					
رم	Mutual Fund Agency Has /does the Applicar	nt rende	Drofes	sional S	ervices i	using su	h-contra	ctors (o	ther tha	n sub-a	gents/3			
g)	☐ Yes ☐ No If yes, p					_		1013 (0	tilei tila	iii sub-a	gentaj:			
	,	ercentag		6										
	-	at Profes		Services	have or	may be	sub-cor	tracted	to othe	rs:				
h)	Provide answers to the	e followi	ng ques	tions pe	ertaining	to oper	rational/	complia'	nce con	trols an	d proto	cols		
	 Does the Applica 	nt have	a forma	alized co	mpliano	e and ri	sk mana	igement	prograi	m?			☐ Yes	□No
	 Does the Applica 				-			_	-		ow?		☐ Yes	□No
	 Does the Applica 			-	-				-				☐ Yes	□No
	 Does the Applica 					_		-					☐ Yes	□No
	 Does the Applica 	· ·	-	· ·			-				actors?		☐ Yes	□ No
i)	Has there been any ch	anges to	the pro	oducts a	nd servi	ces reno	dered in	the pas	t 12 mo	nths?			☐ Yes	□ No

Coverage and Claims History

a) Pi	Professional Liability	/ Insurance p	ourchased by	the A	oplicant for the	past 5 ye	ears detailing	the present insurance	e coverage first:
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	Previous Insurer *	Policy Number	Policy Period	Policy Limit	Deductible		
*	State the insuring company, not the b	proker, 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						
d)	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 *						
e)	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 *						

Claimant/Potential Claimant Name

proceedings? If yes, describe *

Date the act, error, omission, or personal injury was committed or alleged to have been committed

Has the Applicant or any of its members, employees, directors, or predecessors been the subject of disciplinary

- Date of claim
- Nature of claim
- Quantum

f)

- 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.

☐ Yes ☐ No

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

4 | Acknowledgements

The undersigned authorized officer on behalf of the Applicant:

- Declares that the statements and disclosures in this application are complete and accurate
- Declares that there are no known facts material to the risk to be insured that have not been disclosed in this application
- Undertakes to provide the Insurer immediate notice of any material changes discovered between the date of this application and the date the insurance coverage is bound or purchased
- Acknowledges that the Insurer, if it issues the policy, will be doing so in reliance of the completeness and accuracy of the statements and disclosures in this application
- Acknowledges that, if issued, this application will form part of the policy

Toronto, ON M5V 2Z2

• Acknowledges that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of assessing the application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

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

Signature	Title		Date			
	Signing Officer					
Note: Your written	signature is required for your application to be prod	cessed				
	Please send the completed and signed applic	cation(s) to	Advocis Broker Services Inc	с.		
	Advocis Broker Services Inc.		info@absinc.ca			
	10 Lower Spadina Ave, Suite 700		1.877.646.9888			

1.647.245.2227