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. a) Location(s) of branch office(s):

|  |  |  |
| --- | --- | --- |
| Name | **Address** | Gross Annual Premium(to be included in question #11 ) |
|       |       |       |
|       |       |       |
|       |       |       |

* 1. Are these offices owned and under direct control of the applicant? [ ]  Yes [ ]  No
1. Applicant is: a Corporation [ ]  a Partnership [ ]  an Individual [ ]
	1. Are you controlled by, owned by, associated or affiliated with any other firm, organization or corporation? [ ]  Yes [ ]  No
	2. Do you own or control any subsidiaries? [ ]  Yes [ ]  No

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

1. Within the last five years have there been any:
	1. Changes in name? [ ]  Yes [ ]  No
	2. Changes in brokerage ownership? [ ]  Yes [ ]  No
	3. Brokerage cluster arrangements? [ ]  Yes [ ]  No
	4. Mergers with or purchases of other brokerages? [ ]  Yes [ ]  No

 **If yes, please attach details**

1. List memberships in professional and insurance agents/brokers associations:

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

1. 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** |
|       |       |       |       |       |
|       |       |       |       |       |

* 1. What percentage of the applicant’s business is placed with unlicensed carriers?
	2. 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** |
|       |       |       |       |       |
|       |       |       |       |       |

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):

* 1. Total P&C **gross premiums** written annually excluding Present Year Next 12 months

Life and A&H: $      $

* 1. Total gross annual P&C **commissions:** $ $
	2. Total gross annual Life and A&H **commissions**: $      $
	3. Total gross annual Government auto **commissions**: $      $
	4. 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:

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

|  |  |
| --- | --- |
| **Commercial Lines:** | **%** |
| Fire – standard |       |
| Fire – substandard  |       |
| CGL |       |
| Umbrella / Excess |       |
| Auto – standard |       |
| Auto – substandard  |       |
| Long Haul Trucking |       |
| Workers Compensation |       |
| Marine (Ocean and Inland) |       |
| Farm |       |
| Livestock Mortality |       |
| Crop Coverages |       |
| Medical Malpractice |       |
| Professional Liability (specify) |       |
| Bonds |       |
| Aviation |       |
| Other (specify) |       |

|  |  |
| --- | --- |
| **Personal Lines:** | **%** |
| Auto – standard  |       |
| Auto – substandard  |       |
| Homeowners & Standard Fire |       |
| Substandard Fire |       |
| Pleasure Craft |       |
| Other (specify) |       |

|  |  |
| --- | --- |
| **Life and A&H Insurance** | **%** |
| Life, individual |       |
| Life, Group |       |
| A&H, individual |       |
| A&H, group |       |
| Travel/Accident |       |
| Annuities |       |
| Other (specify) |       |

|  |  |
| --- | --- |
| Segregated Funds |       |
| Employee Benefits Plans |       |
| G.I.C.s |       |
| R.R.S.P.s |       |
| R.R.I.F.s |       |
| Other (specify) |       |
|  |  |
| **TOTAL:** | **100%** |

1. For Life Insurance Agents (if applicable), do they work exclusively for your brokerage? [ ]  Yes [ ]  No [ ]  N/A
2. Business Placed as: Broker      %

Managing General Agent      %

Captive Agent      %

Surplus Lines Broker      %

Reinsurance Broker      %

1. Do you place any USA admitted insurance policies? [ ]  Yes [ ]  No

If yes, how many policies per year?

1. 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.

1. In the past five years, has the applicant:
	1. Placed coverage for risks involved in petroleum exploration and extraction, mineral exploration and mining? [ ]  Yes [ ]  No
	2. Placed coverage for hazardous waste operations or operations with significant pollution exposures?

 [ ]  Yes [ ]  No

* 1. Specialized in any programs or classes of business? [ ]  Yes [ ]  No
	2. Placed coverage or had involvement with any Self-Insured / Captives, Risk Retention Groups, or Risk Purchasing Groups? [ ]  Yes [ ]  No
	3. Placed coverage or had involvement with Multiple Employer Trusts? [ ]  Yes [ ]  No

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

1. Indicate total number of Personnel (each individual should be counted only once)

Owners, Officers, Partners

Exclusive Non-employee Producers

Licensed Employee Producers/Brokers

Non-exclusive Non-employee Producers

Other Employees (include clerical)

**TOTAL STAFF** (include part-time)

1. Indicate the number of years current Executive Management has been in place:
2. What percentage of business is received from non-employee producers?
3. 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?

1. Office Procedures:
	1. Does the applicant utilize a computerized production and accounting system? [ ]  Yes [ ]  No
	2. Is incoming mail date-stamped? [ ]  Yes [ ]  No
	3. Are all binders confirmed in writing? [ ]  Yes [ ]  No
	4. Does the applicant require all telephone conversations to be documented in writing? [ ]  Yes [ ]  No
	5. Does the applicant maintain a policy expiration list? [ ]  Yes [ ]  No
	6. Does the applicant require that files be documented to ensure certificate holders,

regulatory agencies, etc. are notified of cancellation or material change? [ ]  Yes [ ]  No

* 1. Does the applicant have a written policy prohibiting employees from completing

applications on behalf of clients? [ ]  Yes [ ]  No

* 1. Does the applicant have an abeyance system? [ ]  Yes [ ]  No
	2. Does the applicant conduct in-house audits to monitor compliance with office and/or

risk management procedures? [ ]  Yes [ ]  No

* 1. Does the applicant provide written confirmation to its clients of their refusal to accept

recommended coverages or limits? [ ]  Yes [ ]  No

* 1. Does the applicant have a written procedure for reviewing all policies and endorsements

for accuracy before sending them to the client? [ ]  Yes [ ]  No

* 1. 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

1. Does the applicant perform any of the following services:
	1. Reinsurance Intermediary [ ]  Yes [ ]  No
	2. Third Party Administrator [ ]  Yes [ ]  No
	3. Claims Adjustment Service [ ]  Yes [ ]  No
	4. Financial Planning [ ]  Yes [ ]  No
	5. Registered Investment Advisor [ ]  Yes [ ]  No
	6. Safety & Engineering Service [ ]  Yes [ ]  No
	7. Actuarial Services [ ]  Yes [ ]  No
	8. Tax Adviser [ ]  Yes [ ]  No
	9. Risk Management [ ]  Yes [ ]  No
	10. Loss Control [ ]  Yes [ ]  No
	11. Data Processing Consulting [ ]  Yes [ ]  No
	12. Human Resources [ ]  Yes [ ]  No
	13. Expert Witness [ ]  Yes [ ]  No
	14. Other (specify):
2. Is the applicant affiliated with, have ownership of, or engaged in any of the following businesses or professions?
	1. Insurance Company [ ]  Yes [ ]  No
	2. Real Estate Agency [ ]  Yes [ ]  No
	3. Premium Finance Company [ ]  Yes [ ]  No
	4. Bank or Trust Company [ ]  Yes [ ]  No
	5. Securities other than Mutual Funds [ ]  Yes [ ]  No
	6. Other (specify):
3. 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:

1. Does the applicant maintain Commercial General Liability Insurance Coverage: [ ]  Yes [ ]  No

Limit: $            Expiry Date:

* 1. Please provide the following details of all Errors & Omissions Insurance carried in the past 3 years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurer** | **Expiry Date** | **Limit of Liability** | **Deductible** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

* 1. In what year did you first purchase Errors & Omissions coverage?
	2. 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: $

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

If yes, provide details:

1. 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:

1. 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).

1. 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**