

## ERRORS AND OMISSIONS INSURANCE APPLICATION

FOR LIFE & MUTUAL FUND AGENTS

l. a	a)	Name of applicant										
		Address Street Number Street Name Apartments/Suite #										
							Apartments/Suite # Postal Code					
		City										
					Tel		Fax	эх				
ŀ	b)	Additional Application Information										
		If you are a member of a partnership and/or firm that requires the name to be shown on your Certificate of Insurance, please enter the name(s) as you want them to appear on the Certificate of Insurance.										
						Add	ditional Insured(s) – will p	orint on Certificate of Insura				
2. a	a)	Date of Coverage	ge to be Effect	Ve (mm/dd/yyy)								
ŀ	b) If you currently have a policy with us, please provide your policy #											
	•			•								
3. L	Lim	imits of Liability desired for the present coverage										
<b>.</b>		\$1M per Claim \$2M Aggregate (\$5M Aggregate for Manitoba Life Licensees)										
	\$2M per Claim \$2M Aggregate (\$5M Aggregate for Manitoba Life Licensees)  \$2M per Claim \$5M Aggregate											
		_	-									
		■ \$5M per C	Claim \$5M Ago	gregate								
<b>1</b> . \	What is total first year commission income from life, group and investment sales in the previous year \$											
5. [	Do	you provide Tax	Preparation S	Services? 🔲 Y	es 🔲 No							
6. a)	a)	Life and Accide	nt & Sickness	Insurance Licer	nse							
		Please indicate where you are licensed:										
		☐ ON	□ мв	□ вс	☐ NL	☐ NS	□ NU	☐ YT				
		☐ QC	☐ AB	☐ SK	☐ NB	☐ PEI	☐ NWT					
		# of years licensed Name of MGA/AGA affiliated with										
k	o)	Mutual Fund	Province(	s) where registe	ered							
		# of years licensed Mutual Fund Dealers registered with										



	surer	Term	Limit	Deductible	Expiry Date				
8. Please note, if you respond Yes to any of the questions below, you MUST attach details with this app									
Without limitation of any other remedy available to the Insurer, it is agreed that if there be such knowledge of any such factircumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under proposed insurance.									
a) In the last five years, had negligence in writing or		our employees been re	ecipient of any alle	gations of professional	☐ Yes ☐ No				
<b>b)</b> Are you or any of your rise to a claim, other th			nces or situations v	which may reasonably	give Yes No				
	the last five years, has there been or is there now pending against you any suit(s) proceedings, claim(set(s), or situation(s) that would have been covered by this insurance?								
d) Have you ever had any	license suspende	d or cancelled?			☐ Yes ☐ No				
	Have you had any insurance company either decline to issue or cancel any errors and omission insurance, except for cancellation by the St. Paul in 2001 and/or ENCON in 2002 or 2003 due to withdrawal of market?								
f) Have you ever been for regulation	und guilty of any vi	olation of Federal or Pr	ovincial Insurance	or securities law or	Yes No				
If you have answered Y	es to question A	-F please provide de	etails, even if sub	omitted on prior appl	ications.				
	Has there been a claim reported to you under your policy in the last three years?   Yes  No								

## IMPORTANT NOTICE TO APPLICANT

This is an application for insurance and the insurer is not obligated to accept the applicant for coverage. If a policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature on the application form and submission of a premium payment does not bind the insurer to complete an insurance transaction with the applicant. This policy provides Errors and Omissions insurance that applies on a claims-made basis. The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- A. The policy will not cover any loss for which a claim is first made after:
  - 1. The expiration of the policy period or its earlier termination date, if any; or
  - 2. The Extended Reporting Period if any and then only in accordance with the terms described in the policy.
- B. The policy will only cover claims which are first made:
  - 1. During the policy period; or
  - 2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.
- C. Please request a copy of the Policy and review the terms and conditions to obtain more information.
- D. The limits for Defense Costs are included in the policy limit except where the laws of the province of Quebec apply.

"Claims made policy" covers you for any covered claim provided it meets two criteria:

- a) You are the Insured when the claim is made.
- b) You have had the insurance in Your Name.

"Extended Reporting Period" (ERP) or Tail coverage": This coverage is bought to keep your policy active after the policy has terminated. It is an endorsement that is purchased when you terminate a "claims made policy". The ERP or "Tail" endorsement allows you to report claims that come in after the policy is terminated for covered incidents that occurred while you were insured.



The application must be signed in ink.

## **DISCLOSURE AND CONSENT**

As part of my application for insurance I consent to the collection and use of personal information required for purposes of considering my application for errors and omissions insurance by the insurer and the authorized insurance broker Programmed Insurance Brokers Limited. The insurer and the broker are authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required for the purpose of underwriting this application for insurance, as permitted by the relevant provincial and federal privacy laws or other applicable laws.

I understand that at any time I may ask to review the personal information pertaining to my application for insurance and the insurer and broker will be obligated to provide me with any information I am entitled to receive under the relevant provincial and federal privacy laws or other applicable laws.

I HEREBY DECLARE that the above statements and particulars are true to the best of my knowledge, that I have not suppressed or misstated any facts and I agree that this application shall form part of the insurance policy. I also acknowledge that I am obligated to report any changes that could affect the disclosures in this application that occur after the date of signature, but prior to the effective date of coverage.

Applicant Name				
Applicant Signature				
Title				
Date				
If you have any questions or need assistance, please contact:	PROGRAMMED INSURANCE BROKERS INC. 49 Industrial Drive, Elmira, Ontario N3B 3B1 Tel. 519-669-1631 1-800-265-6197 Attention: Paul Topp or Taylor Bartlett			
Fax or email completed application to:	PROGRAMMED INSURANCE BROKERS INC. 519-669-4752 Attention: Paul Topp or Taylor Bartlett ptopp@pib.com tbartlett@pib.com			
Payment				
☐ Visa ☐ MasterCard				
Name (as it appears on card)	Credit Card Expiry Date / (mm) (yyyy)			
Cardholder Signature	Date			