



# ERRORS AND OMISSIONS INSURANCE APPLICATION FOR LIFE & MUTUAL FUND AGENTS

1. a) Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

Street Number

Street Name

Apartments/Suite #

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

**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.

\_\_\_\_\_

Additional Insured(s) – will print on Certificate of Insurance

2. a) Date of Coverage to be Effective (mm/dd/yyyy) \_\_\_\_\_

b) If you currently have a policy with us, please provide your policy # \_\_\_\_\_

3. Limits of Liability desired for the present coverage

- \$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 Claim \$5M Aggregate

4. What is total first year commission income from life, group and investment sales in the previous year \$ \_\_\_\_\_

5. Do you provide Tax Preparation Services?  Yes  No

6. a) Life and Accident & Sickness Insurance License

Please indicate where you are licensed:

- ON
- MB
- BC
- NL
- NS
- NU
- YT
- QC
- AB
- SK
- NB
- PEI
- NWT

# of years licensed \_\_\_\_\_ Name of MGA/AGA affiliated with \_\_\_\_\_

b) Mutual Fund Province(s) where registered \_\_\_\_\_

# of years licensed \_\_\_\_\_ Mutual Fund Dealers registered with \_\_\_\_\_

7. Do you currently have a Professional Liability / Errors and Omissions policy in force?  Yes  No

Please provide the following details for the past three years:

Name or Insurer	Term	Limit	Deductible	Expiry Date

8. Please note, if you respond Yes to any of the questions below, you MUST attach details with this application.

Without limitation of any other remedy available to the Insurer, it is agreed that if there be such knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the proposed insurance.

- a) In the last five years, have you or any of your employees been recipient of any allegations of professional negligence in writing or verbally?  Yes  No
- b) Are you or any of your employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above?  Yes  No
- c) In the last five years, has there been or is there now pending against you any suit(s) proceedings, claim(s), fact(s), or situation(s) that would have been covered by this insurance?  Yes  No
- d) Have you ever had any license suspended or cancelled?  Yes  No
- e) 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?  Yes  No
- f) Have you ever been found guilty of any violation of Federal or Provincial Insurance or securities law or regulation  Yes  No

If you have answered Yes to question A-F please provide details, even if submitted on prior applications.

9. Has there been a claim reported to you under your policy in the last three years?  Yes  No

If 'Yes', please detail:

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10. Please add Exempt Market Product Coverage (with limit of \$250,000 Aggregate)

for an additional \$200 plus PST.  Yes  No

11. a) Please add \$1,000,000 Commercial General Liability and \$10,000 Office Contents Coverage

for an additional \$200 plus PST.  Yes  No

**OR**

b) Please add \$2,000,000 Commercial General Liability and \$25,000 Office Contents Coverage

for an additional \$350 plus PST.  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.



## 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.

**The application must be signed in ink.**

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: Rachel Fink or Taylor Bartlett

Fax or email completed application to: **PROGRAMMED INSURANCE BROKERS INC.**  
519-669-4752  
Attention: Rachel Fink or Taylor Bartlett  
rfink@pib.com tbartlett@pib.com

**Payment**

Visa       MasterCard

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Name \_\_\_\_\_  
(as it appears on card)

Credit Card Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
(mm)                          (yyyy)

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_