



**December 2015**

**Reference Document:**  
**Advisor Screening Questionnaire**  
For use by Managing General Agencies Screening Advisors for Suitability

## Instructions to MGAs

The *Advisor Screening Questionnaire* (ASQ) should be used by Managing General Agents (MGA) as part of the screening process an MGA uses to assess the advisor's suitability and decide whether or not to enter into a contract with that advisor. An MGA should also use the ASQ to carry out screening functions delegated to it by an insurer. Questions 1-47 of this version of the ASQ are identical to questions used by insurers when they screen advisors.

To facilitate timely decision-making based on the information collected in the ASQ, MGAs who use it should not change either the questions or the Consent and Declaration.

If any MGA requires additional information to assess the suitability of an advisor, this information can be gathered through a supplementary questionnaire or as part of the interview process.

MGAs should conduct their screening in good faith and compliance with all relevant statutory requirements. In addition to insurance regulation, this includes regulation of more general applicability including privacy and human rights legislation.

The ASQ asks the advisor to provide his or her Social Insurance Number. Providing this information should be optional. It should not be a condition of proceeding with the screening process. As noted in the Consent, the Social Insurance Number is only provided for tax purposes.

# Advisor Screening Questionnaire

## Instructions to Advisors

In keeping with regulatory responsibilities and prudent business practices, prior to entering into a contract with a life agent, an insurer and a Managing General Agency (MGA) will screen that advisor to determine his or her suitability to act as an advisor.

This standardized questionnaire was developed by the Canadian Life and Health Insurance Association (CLHIA), in cooperation with the Canadian Association of Independent Life Brokerage Agencies (CAILBA), to help promote greater consistency in screening practices within the industry.

This questionnaire is made up of 47 questions, a Declaration and a Consent and Authorization. Failure to answer all questions, except for Question 4 about your Social Insurance Number (SIN), and complete the Declaration and Consent and Authorization may delay or adversely affect your application. Providing your SIN at this stage is optional and intended to streamline the contracting process.

Generally, the questions can be answered by checking a box or briefly stating the required information in the space provided.

Where additional details must be provided to fully answer a question or explain the answer, these should be provided under Additional Information following Question 47. Care should be taken to ensure that any details in Additional Information clearly identifies the question to which it is responding.

In the Declaration, you declare that your answers are true, complete and accurate.

In the Consent and Authorization, you agree to specific steps that the MGA may take to verify your answers and/or obtain additional information. You also agree that the MGA may forward your answers and any additional information to any insurers with whom you wish to enter into a contract.

## **General Information:**

1. **Name:** \_\_\_\_\_

Mr. Mrs. Ms. Miss.

Name of Firm (if different): \_\_\_\_\_

2. **Home address and contact information:**

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. **Previous addresses in the last 5 years**

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

4. **Social Insurance Number:** \_\_\_\_\_

5. **Are you legally entitled to work in Canada?**     Yes No

6. **Driver's licence number:** \_\_\_\_\_

## **Business Information**

7. **Business address:**

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website URL: \_\_\_\_\_

**8. Previous business addresses in the last 5 years:**

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**9. List other business or personal names used in the financial services sector in the last 5 years:**

\_\_\_\_\_

(corporation, business style, trade name or partnership)

**10. Are you licenced to carry on business as a(n):**

Individual Agent

Corporation: Full Legal Corporate Name \_\_\_\_\_

Partnership: Full Legal Name \_\_\_\_\_

If a corporation or partnership, list principals/partners, shareholders \_\_\_\_\_

\_\_\_\_\_

(Note: Each principal, partner or shareholder may be required to complete a separate ASQ.)

**11. Quebec Licences: Are you licenced to carry on business as a(n):**

Independent Representative

Representative Attached to a Firm: Full Legal Name \_\_\_\_\_

Independent Partnership: Full Legal Name \_\_\_\_\_

Firm: Full Legal Name: \_\_\_\_\_

**12. Life and/or A & S agent licence number:** \_\_\_\_\_

**13. CIPR number (if available):** \_\_\_\_\_

**14. Business Number (BN):** \_\_\_\_\_

**15. FundSERV Dealer/Rep Code (if available):** \_\_\_\_\_

## **References**

### **16. Provide three business references.**

Name & Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **Formal Education and Designations**

### **17. Highest education level attained:**

Elementary school

Secondary school

CEGEP:

Institution \_\_\_\_\_

University or college:

degree/diploma \_\_\_\_\_

Institution \_\_\_\_\_

Post graduate:

degree \_\_\_\_\_

Institution \_\_\_\_\_

### **18. Do you have any designations?**

Indicate year attained.

FLMI yr. \_\_\_\_\_

RFP yr. \_\_\_\_\_

CLU yr. \_\_\_\_\_

CFP yr. \_\_\_\_\_

CH.F.C. yr. \_\_\_\_\_

Any other Professional Designation(s)

\_\_\_\_\_ yr. \_\_\_\_\_

\_\_\_\_\_ yr. \_\_\_\_\_

\_\_\_\_\_ yr. \_\_\_\_\_

If you are presently working on any designation, please list:

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## **Other Business Affiliations**

**19.** Do you conduct, or are you associated with, any other business?

Yes No

If “yes”, provide details, including name, location and nature of business in Additional Information at the end of this form.

**20.** Are you a partner, officer or director or in a non-arms length relationship with any other business?

Yes No

If “yes”, provide details, including name, location and nature of business in Additional Information at the end of this form.

**21.** Are you currently employed in any other capacity not already identified in this questionnaire?

Yes No

If “yes”, provide details, including name, location and nature of business in Additional Information at the end of this form.

## **Insurance Companies**

**22.** List, in order of total volume, the insurance companies with which you have placed business in the last 5 years. Indicate the lines of business for each company by a check mark under the corresponding product.

Name of Insurance Company	Are you still associated with co.?		Year association began	Lines of Business			Approximate Total Premiums For Life Products (if known)
	Yes	No		Life/A&S	Wealth	*Other	

## **Sponsorship Information**

23. Do you require licence sponsorship?..... Yes  No

What province are you applying for licence? \_\_\_\_\_

What type of licence(/s) are you applying for?  Life  Accident and Sickness

Are you applying for?  New Licence  Renewal  Reinstatement

Transfer of Sponsor  Non-Resident

24. Have you passed your LLOP exams?..... Yes  No

If "Yes:" attach copy of your LLOP exams mark.

If non-resident please state the province where you have completed your life and/or accident and sickness exams.

\_\_\_\_\_

25. Have you ever been declined sponsorship? ..... Yes  No

If "Yes 'please indicate the reasons for the decline on the Additional Information page.

26. If you are changing sponsorship, complete (a) – (d)

(a) Current sponsoring insurance company name:

\_\_\_\_\_

(b) Indicate your reasons for the change of sponsorship.

\_\_\_\_\_

(c) Have you changed sponsors in the last five years?..... Yes  No

If "yes" please indicate the reasons for the change on the Additional Information page.

(d) List the names of your sponsoring companies over the last five years:

Name:\_\_\_\_\_ Dates from DD/MM/YYYY to DD/MM/YYYY

Name\_\_\_\_\_ Dates from DD/MM/YYYY to DD/MM/YYYY

Name\_\_\_\_\_ Dates from DD/MM/YYYY to DD/MM/YYYY

## **Personal Profile**

27. Have you ever been under any legal order to make monetary payments to another person or business entity, including spousal support?

Yes No

If "yes", provide details in Additional Information at the end of this form.

28. Are your wages or compensation currently garnished or have you ever had your wages or compensation garnished?

Yes No

If "yes", provide details in Additional Information at the end of this form.

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### **Reference Document:**



**29.** Are you currently indebted to any insurer or MGA or other financial services company?

Yes No

If "yes", specify name of creditor, anticipated duration of debt, existing amount, when debt commenced, repayment schedule, conditions for repayment in Additional Information at the end of this form.

**30.** Answer each of the following five questions about bankruptcy or insolvency.

- (a) Have you ever been declared bankrupt? Yes No  
(b) Have you ever made a voluntary assignment into bankruptcy? Yes No  
(c) Have you ever made a consumer proposal under any legislation relating to bankruptcy or insolvency? Yes No  
(d) Are you currently an undischarged bankrupt? Yes No  
(e) Are you currently a conditionally discharged bankrupt? Yes No

If "yes" to any of these questions, include trustee's name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy or proposal in Additional Information at the end of this form.

**31.** Have you ever been a controlling shareholder, or officer of a corporation that was declared bankrupt, or placed in receivership, or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently not discharged or conditionally discharged?

Yes No

If "yes", include trustee's name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy, receivership or proposal in Additional Information at the end of this form.

**32.** Has any partnership or corporation, of which you are or were at the time of such event a partner, officer, director or a controlling shareholder, ever pleaded guilty or been found guilty of an offence under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject of an investigation or other charges?

Yes No

If "yes", provide details in Additional Information at the end of this form.

**33.** Have you ever pleaded guilty or been found guilty of an offence under any provincial or federal law in Canada or any other country, for which you have not been pardoned?

Yes No

If "yes", provide details in Additional Information at the end of this form.

Some examples of these offences are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and human rights violations. You are not required to disclose minor traffic infractions such as speeding or parking violations.

**34.** Are you currently the subject of any charges described in Q. 33?

Yes No

If "yes", provide details in Additional Information at the end of this form.

**35.** Have you or, if incorporated, the corporation ever been refused registration or a licence under any legislation which required registration or licensing to deal with the public in any capacity (eg. insurance agent, RIBO broker, mutual funds salesperson, securities dealer, motor vehicle dealer) in any province, territory, state, or country; or have you held such a licence and been the subject of a disciplinary proceeding?

Yes No

If "yes", provide details including specific sanctions and/or penalties imposed in Additional Information at the end of this form.

**36.** Have you ever been disciplined by a regulator in any sector of the financial services industry?

Yes No

If "yes", provide details including specific sanctions and/or penalties imposed in Additional Information at the end of this form.

**37.** Are you or, if incorporated, the corporation currently being investigated by a regulator in any sector of the financial services industry?

Yes No

If "yes", provide details in Additional Information at the end of this form.

**38.** Have you ever been terminated or resigned, or had any contracts cancelled which you held with any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of business conduct?

Yes No

If "yes", provide details in Additional Information at the end of this form.

**39.** Are you currently, or is there any reason to believe that in the future you will be, under any legal restriction or impediment which would prevent you from lawfully carrying on the business of insurance agent or broker?

Yes No

If "yes", provide details in Additional Information at the end of this form.

**40.** Are you or, if incorporated, the corporation currently involved in any unresolved client complaints?

Yes No

If "yes", provide details in Additional Information at the end of this form.

## **Licences/Registrations**

41. List the licences and/or registrations you currently hold

*Type of Licence	Year Licence First Issued	Any interruptions in licensing? If yes, give details in Additional Information		Licence Number	Level (if applicable)	Prov. or Terr.	Expiry/ Renewal Date	Sponsor or Dealer
		Yes	No					

\* Life Insurance; A&S Insurance; Property & Casualty; Mutual Funds; Securities; Mortgage Broker; Real Estate Agent; Other

## **Regulatory Compliance**

42. Do you have Errors and Omissions Insurance Coverage?

Yes  No

If "no", provide an explanation in Additional Information at the end of this form.

**Please attach a copy of your E&O certificate.**

43. Has any policy or application for errors and omissions insurance on your behalf ever been declined, cancelled or renewal refused?

Yes  No

If "yes", provide an explanation in Additional Information at the end of this form.

44. Do you have written and up-to-date privacy compliance policies and procedures?

Yes  No

If "no", provide an explanation in Additional Information at the end of this form.

45. Do you have written anti-money laundering/anti-terrorist financing policies and procedures?

Yes  No

If "no", provide an explanation in Additional Information at the end of this form.

**46.** Do you have a standard advisor disclosure statement related to managing conflicts of interest that you provide to clients?

Yes No

If "no", provide an explanation in Additional Information at the end of this form.

**47.** Have you incorporated needs-based sales practices in your business?

Yes No

If "no", provide an explanation in Additional Information at the end of this form.



**Declaration**

I hereby expressly declare that the information I have provided in this Advisor Screening Questionnaire is true, complete and accurate in every respect, as of the date of signing.

I understand and agree that I must execute and deliver the enclosed Consent and Authorization to the MGA.

I agree to notify and provide updated information to the MGA within ten (10) business days, should there be any change in the information provided herein or in my ability to legally continue to sell life insurance and/or accident and sickness insurance.

I understand that a false statement or material omission, including a failure to provide updated information, may disqualify me from consideration for a contract with the MGA or result in the subsequent termination for cause of my business relationship with the MGA and may cause the MGA to report me to an insurer or an insurance regulator.

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature of Applicant*

I have interviewed the above named Applicant and I am aware of nothing which precludes me from reasonably recommending the Applicant for contract with us.

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature of Manager of MGA*

# Advisor Screening Questionnaire

## Consent and Authorization

*In plain language, When you sign this Consent and Authorization, you agree that:*

- *the MGA can collect information from insurers and anyone else to confirm and add to the information you give to the MGA in your application for a contract, including the answers you give in the Advisor Screening Questionnaire;*
- *the MGA can keep this information and use it later when it is looking at your continuing suitability to be an insurance advisor; and*
- *the MGA may share the information you provide in your contract application, the Advisor Screening Questionnaire, and any additional information it collects or reports received from third parties by using this Consent and Authorization, with those insurers who are contracted with the MGA whose products you would like to sell or service.*

*The Consent and Authorization describes the kind of information the MGA may collect, where it may collect this information, how it may use the information, and with whom it may share the information. It also says how long the Consent and Authorization may be used.*

*The legal Consent and Authorization begins after this sentence.*

To whom it may concern:

I have applied to the below-named Managing General Agent (the MGA) to be contracted to act on their behalf in the sale and servicing of insurance and other financial products of those insurers with whom the MGA holds a distribution contract. Part of the initial contracting process and of the ongoing review of my performance is an investigation of my background, including my business dealings. These investigations are conducted by the MGA and/or its authorized agent.

I have sold financial services including insurance as principal through the following business styles, trade names, corporation or partnerships ("Listed Entities")  
(leave blank if none):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I make this authorization on behalf of myself and as authorized representative of the Listed Entities.

I hereby authorize and direct you to release to the MGA, information contained in your files concerning my agency, my employment, my business records, my education record, my credit record including records pertaining to the listed entities and/or any other relevant information.

On behalf of myself and the Listed Entities, I specifically authorize the MGA to

- obtain a criminal activity clearance report from any police agency or government; collect information concerning certificates, licences and registrations from the applicable issuers or registrars; collect any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations; and collect from relevant third parties any other information related to my education record, consumer credit record, or record of tax, securities or insurance related offences,
- collect information from, or exchange information with, any regulator, professional registry or database, insurance company, financial institution, personal information agents, detective and security agencies, organizations whose functions are the prevention, detection or repression of crimes or offenses, market intermediaries, my employer or ex-employer, and including all personal information which could be collected through verification of my application for employment or contract and ongoing performance evaluations.

### Reference Document:

Advisor Screening Questionnaire

## Advisor Screening Questionnaire

While any contractual relationship subsists between us, I further specifically authorize the MGA to use this authorization to update its information regarding my background from time to time to assess my ongoing suitability to act as an advisor.

Without limiting the generality of the above, I further specifically authorize the MGA to obtain from any or all insurers identified in Question 22 of the Advisor Screening Questionnaire information about the status of my contract with the insurer(s); unresolved debts with the insurer(s); if appropriate, the possibility of renewing my contract with the insurer(s); and recorded concerns or complaints related to market conduct.

To carry out my role as an insurance advisor under a contract with the MGA it will be necessary to receive authorization to sell and service insurance from those insurers with whom the MGA holds distribution contracts. I specifically authorize the MGA to forward any information about me collected pursuant to this Consent and Authorization to any and all insurers that I name, or from whom I may seek authorization to solicit applications for their insurance products or services.

I understand that the MGA will establish a file concerning my application, my contract with them and my subsequent performance and market conduct, and that the personal information contained in this file will be accessed by the MGA's employees and its authorized agents in relation to my contract to sell life insurance and/or accident and sickness insurance as the MGA's representative to sell insurance products of the insurers contracted with the MGA. The file will be kept at the MGA's offices. A photocopy of the present consent has the same value as the original.

Where information is collected and retained under this Consent and Authorization I shall be entitled to be informed of the existence of the retained information, its use and to whom it has been disclosed, and shall have the right to access the information and request corrections to be made where the information retained is inaccurate or incomplete.

I further authorize the MGA to use my social insurance number in its files pertaining to me for taxation purposes for which it is legally required to be retained and used.

These authorizations shall be valid until the earliest to occur, of when it is revoked in writing by the Applicant, or 12 months after the Applicant ceases to receive any commission earnings from or through the MGA.

Applicant's name: \_\_\_\_\_ signed at \_\_\_\_\_ this \_\_\_\_\_.

Applicant's signature: \_\_\_\_\_

MGA: \_\_\_\_\_

Address: \_\_\_\_\_