

ERRORS AND OMISSIONS INSURANCE APPLICATION

FOR LIFE & MUTUAL FUND AGENTS

	Addross							
	AddressStreet Number	Street Name		Apartments/S	Suite #			
	City	Province		Postal C	ode			
	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 Insural please enter the name(s) as you want them to appear on the Certificate of Insurance.								
Additional Insure					(s) – will print on Certificate of Inst			
. a) Date of Coverage to be Effective (mm/dd/yyy)								
b	b) If you currently have a policy with us, please provide your policy #							
L	imits of Liability desired for the present co	_	Manitaha Lifa Li	()				
	\$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							
What is total first year commission income from life, group and investment sales in the previous year \$								
٧	Vhat is total first year commission income	from life, group and	d investment sal	es in the previous	year \$			
	What is total first year commission income Oo you provide Tax Preparation Services?		d investment sal	es in the previous	year \$			
С	•	Yes No	d investment sal	es in the previous	year \$			
C	Oo you provide Tax Preparation Services?	Yes No	d investment sal	es in the previous	year \$			
C	Oo you provide Tax Preparation Services? Life and Accident & Sickness Insurance	Yes No	d investment sal					
С	Do you provide Tax Preparation Services? Life and Accident & Sickness Insurance Please indicate where you are licensed	Yes No License		S □NI	J □YT			
C	Do you provide Tax Preparation Services? Life and Accident & Sickness Insurance Please indicate where you are licensed ON MB BC	Yes No License : No	□ N: □ Pf	S UNI	J □ YT WT			
a	Do you provide Tax Preparation Services? Life and Accident & Sickness Insurance Please indicate where you are licensed ON	Yes No License No NL NL NB MGA/AGA affiliate	□ N: □ Pf ed with	S NI	J □ YT WT			
a	Do you provide Tax Preparation Services? Life and Accident & Sickness Insurance Please indicate where you are licensed ON	Yes No License No	□ N: □ Pf ed with	S NI	J □ YT WT			
a	Do you provide Tax Preparation Services? Life and Accident & Sickness Insurance Please indicate where you are licensed ON MB BC BC AB SH BC SH Warren Sicensed Province(s) where # of years licensed Mutual Mutual	Yes No License No NL NB MGA/AGA affiliatoregistered Fund Dealers regis	□ N: □ Pi ed withtered with	S NI	J □ YT WT			
b D	Do you provide Tax Preparation Services? Life and Accident & Sickness Insurance Please indicate where you are licensed ON MB BC BC QC AB SF # of years licensed Name of Mutual Fund Province(s) where # of years licensed Mutual BC On you currently have a Professional Liabil	Yes No License License NL NB MGA/AGA affiliate registered Fund Dealers regis Lity / Errors and Om	□ N: □ Pi ed withtered with	S NI	J □ YT WT			
b D	Do you provide Tax Preparation Services? Life and Accident & Sickness Insurance Please indicate where you are licensed ON MB BC BC AB SH BC SH Warren Sicensed Province(s) where # of years licensed Mutual Mutual	Yes No License License NL NB MGA/AGA affiliate registered Fund Dealers regis Lity / Errors and Om	□ N: □ Pi ed withtered with	S NI	J □ YT WT			
b D	Do you provide Tax Preparation Services? Life and Accident & Sickness Insurance Please indicate where you are licensed ON MB BC BC QC AB SF # of years licensed Name of Mutual Fund Province(s) where # of years licensed Mutual BC On you currently have a Professional Liabil	Yes No License License NL NB MGA/AGA affiliate registered Fund Dealers regis Lity / Errors and Om	□ N: □ Pi ed withtered with	S NI	J □ YT WT			
b D	Do you provide Tax Preparation Services? Life and Accident & Sickness Insurance Please indicate where you are licensed ON MB BC BC AB BC SH With Services AB	Yes No License NL NB MGA/AGA affiliate registered Fund Dealers regis ity / Errors and Om past three years:	N: Pled with tered with issions policy in	S NI	J □ YT WT			



5.	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 circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coproposed insurance.						
	a) In the last five years, have you or any of you negligence in writing or verbally?	our employees been recipient of any alle	gations of professional	☐ Yes ☐ No			
	b) Are you or any of your employees aware or rise to a claim, other than as advised above		which may reasonably give	☐ Yes ☐ No			
	c) In the last five years, has there been or is t fact(s), or situation(s) that would have been		s) proceedings, claim(s),	Yes No			
	d) Have you ever had any license suspended	or cancelled?		☐ Yes ☐ No			
	e) Have you had any insurance company eith except for cancellation by the St. Paul in 20			☐ Yes ☐ No			
	f) Have you ever been found guilty of any vio regulation	olation of Federal or Provincial Insurance	e or securities law or	Yes No			
	If you have answered Yes to question A-	F please provide details, even if sul	omitted on prior application	ns.			
9.	. Has there been a claim reported to you under your policy in the last three years?						
10.	 O. Please add Exempt Market Product Coverage (with limit of \$250,000 Aggregate) for an additional \$200 (prices subject to PST, where applicable): 						
11.	I. Please add Commercial General Liability (CGL) and Office Contents Coverage (prices subject to PST, where applicable						
	a) \$1,000,000 CGL and \$10,000 Office (Contents Coverage for \$200	☐ Yes ☐ No				
	b) \$2,000,000 CGL and \$25,000 Office (Contents Coverage for \$350	☐ Yes ☐ No				
12.	2. Please add Privacy and Data Breach Endorsement (prices subject to PST, where applicable):						
	a) \$250,000 limit for \$195	☐ Yes ☐ No					
	b) \$500,000 limit for \$250	☐ Yes ☐ No					
	c) \$1,000,000 limit for \$475	☐ 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.

app	
Applicant Name	
Applicant Signature	
Title	
Date	
Fax or email completed application and/or contact PIB at:	PROGRAMMED INSURANCE BROKERS INC. Fax 519-669-4752 Attn: Taylor Ecker tecker@pib.com
	49 Industrial Drive, Elmira, Ontario N3B 3B1 Tel. 519-669-1631 1-800-265-6197
Payment	
☐ Visa ☐ MasterCard	
Name (as it appears on card)	Credit Card Expiry Date / (mm) (yyyy)
Cardholder Signature	Date