

#204, 7633 – 50 Street

Edmonton AB T6B 2W9

Phone: (780) 422-0568

Toll Free Phone: 1-800-561-1713

**APPLICATIONFOR INSURANCE AGENTS AND BROKERS / INSURANCE CONSULTANTS PROFESSIONAL LIABILITY INSURANCE**

1. Applicant (Full Legal Name of Brokerage to be Shown As Named Insured):
2. Mailing Address:
3. Telephone No.       E-Mail:
4. Branch Offices:
5. Corporation:  Partnership:  Individual:
6. Number of years under present ownership\*? 
   1. \*If less than three years detail Applicant's insurance experience:
7. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?
   1. If "Yes", please supply full details:
8. During the past ten years has the name of the Applicant Firm been changed or has any other business been purchased or any merger or consolidation taken place:
   1. If "Yes", please supply full details:
9. The Applicant is licensed as:
   1. Insurance Agent :
   2. Insurance Broker:
   3. Life Insurance Agent:
   4. General Agent :
10. or carries on the practice of:
    1. Insurance Consultant:
    2. Reinsurance Broker:
11. Please provide, full details of those professional services rendered as an Insurance Consultant, or Reinsurance Broker if coverage required:
12. List province(s) where licensed:
13. Is the Applicant a member of a Professional Association(s)?
    1. If "Yes", please give full details:
14. List all insurance companies with whom you have an agency contract:
15. List all other insurance companies, specialty markets and brokers with whom you place business:
16. List all insurance companies with whom agency contacts have been terminated in last five years:
17. Approximate annual gross premium volume written (excluding life):
18. Approximate annual life insurance commission:
19. Life Insurance Company represented:
20. Indicate total gross annual commissions from the following investment products:
    1. Mutual Funds:
    2. RRSP/GIC’s:
    3. Financial Planning:
21. Do you **place** business on a brokerage basis?
    1. If "Yes", what type of insurance?
    2. Approximate annual premium volume:
22. Do you **accept** brokerage business?
    1. If "Yes", what types of insurance?
    2. Approximate annual premium volume:
23. OFFICE PROCEDURES:
    1. Is incoming mail date stamped?
    2. Are verbal binders confirmed in writing?
    3. Are copies of binders mailed to both insured and company promptly?
    4. Is there a procedure for documenting all telephone conversations?
    5. Is a policy expiration list maintained?
    6. Are all policies and endorsements checked for accuracy before mailing?
    7. Are files marked to make sure mortgages and lien holders are notified of cancellation or material changes?
    8. Does applicant have in-house training sessions and/or encourage employees to take outside training courses such as CIP or CAIB?
    9. Does applicant have a specific orientation program for new employees?
    10. Does firm use a computer or data processing in its operation?
    11. What System is used?
    12. Is there a back-up procedure for when applicant is away from the office?
        1. Explain:
    13. When coverage is bound with insurer is it confirmed in writing/email/letter to insured
    14. Are binder certificates and policies mailed/emailed to insured promptly?
    15. Describe the firm's diary / abeyance system:
24. Are staff members familiar with the "Claims Made" Comprehensive General Liability wording?
    1. If not, what plans are made to have staff trained in the "Claims Made" wording?
25. Give the approximate percentages of total business written:
    1. Automobile-Standard:
    2. \*Automobile-Sub Standard:
    3. Property-Standard:
    4. \*Property-Sub Standard:
    5. Casualty:
    6. Professional Liability:
    7. Surety:
    8. Ocean Marine:
    9. TOTAL: 100 %

\*Placed with specialty markets.

1. Personal lines, including Auto:       Commercial lines:       TOTAL: 100 %
2. Agency Billing:       Company or Direct Billing:       TOTAL: 100 %
3. Auto Plan (ICBC, etc.) Commission Income:
4. The aforementioned lines include: - Give annual premium volume in each class:
   1. Livestock Mortality:
   2. Helicopter and Fixed Wing Aircraft:
   3. Consulting & Risk Management (for Fee):
   4. Third Party Administration (for Fee):
   5. Medical/Physicians/Hospitals Professional:
   6. Biotech Pharmaceutical:
   7. Interurban Transport:
   8. Managing General Agency:
5. Does the Applicant engage in:
   1. Reinsurance Business:
   2. Foreign Business:
   3. If "Yes", please provide full details:
6. Number of Owners, Officers or Partners:
7. Number of Staff :
8. Number of Licensed Agents (including Owners, Officers or Partners):
9. Total number of staff (includes all the above):
10. **Non-Employees:**
    1. Number of Commission Salespersons, handling the Applicant's business, who are licensed under Agency license:
    2. Number of Sub-Brokers, (who are placing their own business through the Applicant's facilities):
    3. If commission Salesperson and/or Sub-Brokers are to be included as Additional Named Insureds, please supply the following information:
11. Commission Salespeople - Identify each by name and furnish amount of annual gross premium volume solicited:
12. Sub-Brokers - Identify each by name and furnish answers on the basis of questions 12, 13 and 16, for the business placedthrough your agency:
13. Does the Applicant service business writing of any agencies or brokers not previously referred to herein?
    1. If "Yes", provide detailed narrative statement:
14. Has the applicant and its staff taken and Errors & omissions Loss Prevention Seminar in regard to mandatory continuing education?
    1. If No, please confirm when seminar will be taken:
15. Has the Applicant or any Owner, Officer or Partner been the subject of any insurance authority's disciplinary action?
    1. If "Yes", provide detailed narrative statement:
16. Has any application for Insurance Agent & Brokers Professional Liability Insurance on behalf of the Applicant or of its present Partners, Executive Officers of Directors, or, to the knowledge of the Applicant, on behalf of its predecessors in business, ever been declined, cancelled or renewal refused?
    1. If "Yes", provide detailed narrative statement:
17. Have any Professional Liability claims been made against the Applicant, any of the present Partners, Executive Officers, Directors, Commission Salespersons or Sub-Brokers; or, to the knowledge of the applicant, against its Predecessors in business or any Partner, Executive Officer or Director?
    1. If "Yes", provide detailed narrative statement:
18. Does the Applicant, its Commission Salespersons or its Sub-Brokers know of any circumstances which may result in any Professional Liability claim being made against the Applicant, its predecessors in business or any past or present, partners, Executive Officers, Directors, Commission Salesperson or Sub-Brokers?
    1. If "Yes", provide detailed narrative statement:
19. Is the Applicant engaged in any other business or profession?
    1. If "Yes", provide detailed narrative statement including reference to operation, if any, as a Real Estate Broker or Salesperson, Property Appraiser, Title Searcher, Realty Property Management firm, Mortgage Broker etc.:
20. Please detail Insurance Agents & Brokers' & Insurance Consultants' Professional Liability Insurance held by the Applicant Firm during the PAST FIVE YEARS: Detail the current policy first.

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| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Insurance**  **Company** | **Policy**  **Number** | **Limit of**  **Liability / Aggregate.** | **Deductible** | **Policy Period** | **Premium** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |

1. Date UNINTERRUPTED insurance first began:
2. Coverage requested:
   1. Limit of Liability:
   2. Aggregate Limit:
   3. Deductible:

I/We hereby declare that the above statements and particulars are true and that I/We have not omitted or suppressed or misstated any material facts and I/We agree that this proposal form shall be the basis of the contract with Lloyd’s, London, England and deemed as part thereof.

SIGNATURE:



Name:

Title:

Date:

SUBJECT TO ACCEPTANCE BY:

LLOYD’S

London, England

**Notes:**

* Submission of completed application incurs no obligation for purchase of Insurance. It merely serves to furnish the company with underwriting data for the designing of proposal and rate.
* In order to bind coverage “Monarch Insurance Brokers Limited” will require an original signed application in our office.
* It is understood and agreed that completion of this application form does not bind the Insurer to sell nor does it obligate the Applicant Firm to purchase insurance. This application form is a declaration and will form part of the policy if issued.
* Please use the space below to complete any questions from the preceding application where the space provided was insufficient to answer the question(s):