



INSURANCE BROKERS & CONSULTANTS

FACILITES TO EFFECT ALL CLASSES OF INSURANCE

**APPLICATION FOR INSURANCE AGENTS AND BROKERS / INSURANCE CONSULTANTS
PROFESSIONAL LIABILITY INSURANCE**

**SUBJECT TO ACCEPTANCE BY
LLOYD'S - London, England**

1. Applicant:

Full Legal Name of Brokerage Shown As Name Insured

2. Mailing Address:

Phone No. Fax No. Email:

3. Branch Offices:

4. Corporation Partnership Individual Number of years under present Ownership?

if less than three (3) years attach detailed supplement of Applicant's insurance experience.

5. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company? Yes No
If "Yes" please supply full details.

6. During the past ten (10) has the name of the Applicant Firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No
If "Yes" please supply full details.

7. The Applicant is licensed as: Insurance Agent Insurance Broker Life Insurance Agent General Agent
or carries on the practice of: Insurance Consultant Reinsurance Broker

Please provide full details of those professional services rendered as an Insurance Consultant or Reinsurance Brokers if coverage required:

8. List of Province(s) where licensed:

9. Is the Applicant a member of a Professional Association(s): Yes No
If "Yes" please supply full details.

10. List all Insurance Companies with whom you have an agency contract:

11. List all other Insurance Companies, Specialty Markets and Brokers with whom you place business.:

[Empty text box for listing insurance companies and brokers]

12. List all other Insurance Companies with whom agency contracts have been terminated in the last five (5) years.

[Empty text box for listing terminated agency contracts]

13. Approximate annual gross premium volume written (excluding Life):

\$ [Empty text box for premium volume]

14. Approximate annual life insurance commission:

\$ [Empty text box for commission]

Life Insurance Company Represented:

[Empty text box for life insurance company]

15. Indicate total gross annual commissions from invested products:

Mutual Funds: \$ [Empty text box] RRSP/GIC's: \$ [Empty text box] Financial Planning: \$ [Empty text box]

16. Do you **place** business on a brokerage basis?

Yes No

If "Yes", what types of insurance?

[Empty text box for types of insurance]

Approximate annual premium volume?

\$ [Empty text box for premium volume]

17. Do you **accept** brokerage business?

Yes No

If "Yes", what types of insurance?

[Empty text box for types of insurance]

Approximate annual premium volume?

\$ [Empty text box for premium volume]

17A. OFFICE PROCEDURES

- a) Is incoming mail stamped? Yes No
- b) Are verbal binders confirmed in writing? Yes No
- c) Are copies of binders mailed to both insured and company promptly? Yes No
- d) Is there a procedure for documenting all telephone conversations? Yes No
- e) Is a policy expiration list maintained? Yes No
- f) Are all policies and endorsements checked for accuracy before mailing? Yes No
- g) Are files marked to make sure mortgagees and lien holders are notified of cancellation or material changes? Yes No
- h) Does Applicant have in-house training sessions and/or encourage employees to take outside training courses such as IIC or CAIB. Yes No
- i) Does Applicant have a specific orientation program for new employees? Yes No
- j) Does the firm use a computer or data processing in its operation? Yes No

What system:

[Empty text box for system description]

k) Is there a back-up procedure for when applicant is away from the office?

Yes No

What system:

[Empty text box for system description]

l) Describe the Firm's diary abeyance system:

17B. Are staff members familiar with the "Claims Made" Comprehensive General Liability wording? Yes No

If "No" what plans are made to have staff trained in the "Claims Made" wording?

18. Give the approximate percentages of total business written:

Automobile-Standard %
**Automobile-Sub Standard %
Property-Standard %
**Property-Sub Standard %
Casualty %
Professional Liability %
Surety %
Ocean Marine: %

TOTAL 100%

Personal Lines, Including Auto %
Commercial Lines %

TOTAL 100%
Agency Billing %
Company or Direct Billing %

TOTAL 100%

** Placed with Specialty Markets

Autoplan Commission Income \$

19. The aforementioned lines included (give annual premium volume in each class):

Lifestock Mortality: \$
Helicopter and Fixed Wing Aircraft: \$
Consulting and Risk Management (for fee): \$
Third Party Administration (for fee): \$
Medical / Physicians / Hospital Professional: \$
Biotech Pharmaceutical: \$
Interurban Transport: \$
Managing General Agency: \$

20. Does the Applicant engage in:

Reinsurance Business Yes No Foreign Business Yes No

If "Yes" Please provide full details:

21. Employees:

Number of Owners, Officers, or Partners

Number of Staff

Number of licensed Agents (Including Owners, Officer, or Partners)

Total Number of Staff (Including all of the above)

Non-Employees

Number of Commission Salespersons, handling the Applicant's business, who are licensed under Brokerage License

Number of Sub-Brokers (who are placing their own business through the Applicants Facilities)

If Commission Salespersons and/or Sub-Brokers are to be included as Additional Named Insureds, please supply the following information:

Commission Salespersons - Identify each by name and furnish amount of annual gross premium volume solicited:

Sub-Brokers - Identify each by name and furnish answers on the basis of previous questions for the business placed through your agency:

22. Does the Applicant service business writing for an agencies or brokers not previously referred to herein?

Yes

No

If "Yes" please provide detailed narrative statement:

23. Has the Applicant and its staff taken an Errors & Omissions Loss Prevention Seminar in regards to mandatory continuing education?

Yes

No

If "No" please confirm when seminal will be taken:

24. Has the Applicant or any Owner, Officer, or Partner been subject of any insurance authority's disciplinary action?

Yes

No

If "Yes" please provide detailed narrative statement:

25. Has any application for Insurance Agent & Brokers Professional Liability Insurance on behalf of the Applicant or of its present Partners, Executive Officers or Directors; or, to the knowledge of the Applicant, on behalf of its predecessors in business, ever been declined, cancelled, or renewal refused?

Yes

No

If "Yes" please provide detailed narrative statement:

26. 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 Partners, Executive Officers or Directors? Yes No

If "Yes" please provide detailed narrative statement.

27. Does the Applicant, its Commission Salespersons, or its Sub-Brokers know of any circumstances, which could 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 Salespersons or Sub-Brokers? Yes No

If "Yes" please provide detailed narrative statement.

28. Is the Applicant engages in any other business or profession? Yes No

If "Yes" please provide detailed narrative statement including reference to operation, if any, as a Real Estate Broker or Salesperson, Property Appraiser, Title Searcher, Property Management Firm, Mortgage Broker, ect.

29. Please detail Insurance Agents & Brokers' & Insurance Consultants' Professional Liability Insurance held by the Applicant Firm during the **PAST FIVE (5) YEARS:** (Detail the current policy first)

	Insurance Company	Policy No.	Limit of Liability	Deductible	Policy Period	Premium
1.						
2.						
3.						
4.						
5.						

Date *UNINTERRUPTED* insurance first began:

30. Coverage Requested:

Limit(s) of Liability	Aggregate Limit(s)	Deductible(s)

I/We hereby declare that the above statements are 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

(Must be signed by Owner, Partner or Officer)

Date

Title

Note: In order to bind coverage Monarch Insurance Brokers Ltd. will require an original signed application in our office.

Note: It is understood and agreed that completion of this application form does not bind the insurer to sell nor does it obligate the Application Firm to purchase insurance. This application form is a declaration and will form part of the policy of issued.



An Independent Insurance Broker
Covers You Best.

The LLOYD'S logo consists of the word "LLOYD'S" in a white, serif, all-caps font, centered within a solid black rectangular box.

Please use the space below to complete any questions from the preceding application where the space provided was insufficient to answer the question(s).