



Professional Liability Application for Life Insurance Agents

Broker:

ALL QUESTIONS MUST BE ANSWERED. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.

1. APPLICANT FIRM

Name:

Year in Business:

Full Mailing Address:

Website Address:

Any other trade names currently used:

Name(s) of any previous organizations, partnerships or other business names used previously by the insured:

2. PROFESSIONAL PRACTICE

Please provide the total of commissions from sales and services rendered of Life and Health Insurance:

Previous Fiscal Year:

Current Fiscal Year (projected):

Please indicate the percentage of the Applicant's commissions made from each of the following categories (must total 100%):

Activity	Percentage
Life Insurance (individual policies)	
Life Insurance (group policies)	
Sickness/Accident Insurance (individual policies)	
Sickness/Accident Insurance (group policies):	
Other (please specify):	

Please indicate the Applicant's gross earnings or the amount of the gross sales for the previous fiscal year for the following products or services:

Activity	Gross Earnings/Sales
Sales of Mutual Funds	
Financial and Estate Planning	
Consulting	
Other (please specify):	



What percentage of the Applicant's revenues emanate from:

Clients residing outside of Canada?

Services rendered outside of Canada?

Does the Applicant place any business for sub-agents? If yes, indicate below the number of sub-agents and total commissions generated by these sub-agents:

YES NO

Describe the permit or license categories that you have obtained from the regulatory body governing your professional activities and/or from any other body and which permits you to practice as a life insurance agent:

License or Permit Type	Date Obtained	Permit or License Number

Please provide the following information for all members of the Applicant Firm performing professional activities on behalf of the Applicant Firm and attach resumes to the application:

Name	Title or Duties	Educational Background/Qualifications	Number of Years Experience

Are the persons shown the above table members in good standing of a professional association regulating the practice of their professional activities?

YES NO

Has any person shown in the above table ever been the object of a dismissal, suspension or disciplinary sanction as a result of their professional activities? If YES, please describe all relevant information regarding the sanction below:

YES NO



3. PRIOR INSURANCE AND CLAIMS

For the purposes of this Application Form, the word claim, as used in the following questions means:

- a) a verbal or written demand for money damages from a third party;
- b) a verbal or written allegation suggesting that the Applicant Firm or a member of the Applicant Firm including predecessors in business and former staff, may have committed an error, omission or negligent act in respect of professional services provided to a third party; and/or
- c) a fact or circumstance arising out of professional services that is known to the Applicant Firm or a member of the Applicant Firm, which could reasonably be foreseen to give rise to a future claim for money damages..

During the last five years, has the Applicant carried Professional Liability (Errors and Omissions) Insurance? If YES, please complete the following for all previous insurance:

Name of Insurer	Policy Number	Policy Period		Limits of Liability	Deductible	Annual Premium (E&O only)
		From	To			

During the past five years, has any Insurer ever cancelled, declined or refused to renew the Applicant Firm's or any previous organization's or partnership's Professional Liability (Errors and Omissions) Insurance? If YES, state in each case, the name of the Insurer and give the reason(s):

Insurer	Reason

After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either individually or otherwise, has anyone, in the past five years, ever been the subject of a claim in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the claim(s) on a separate page:

- YES NO

After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either individually or otherwise, has anyone, in the past five years, ever given notice of a possible claim to an Insurer in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the claim(s) on a separate page:

- YES NO

After making an inquiry of all members of the Applicant Firm, including predecessors in business and former staff, either individually or otherwise, is anyone aware of any act or circumstance which could reasonably be expected to be the basis of a future claim in respect of the liabilities to be covered by the proposed insurance? If YES, please attach full details, the date and amount of the potential claim(s) on a separate page:

- YES NO



4. COVERAGE AND DEDUCTIBLE

Check	Limit Of Liability	Check	Deductible
<input type="checkbox"/>	\$500,000	<input type="checkbox"/>	\$2,500
<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$5,000
<input type="checkbox"/>	\$2,000,000	<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	\$3,000,000	<input type="checkbox"/>	\$15,000
<input type="checkbox"/>	\$5,000,000	<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Requested Effective Date:

I/We hereby declare for and on behalf of the Applicant Firm and each and every one of its members to be insured, that to the best of my/our knowledge, the above statements and particulars in this application are true and complete and that I/we have not omitted, suppressed or misstated any material facts. I/we agree that this application, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected there from. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Furthermore, I/we understand and accept that this insurance applied for provides coverage on a "claims made and reported" basis and that coverage under the policy, if issued, shall not apply to any known claim or circumstance that could reasonably give rise to a future claim that is known to myself, the Applicant Firm or its members prior to the inception date of the policy nor to any claim or circumstance reported after the expiration, cancellation or termination of the policy.

I/We also give authorization to Intact Insurance Company, its affiliates, agents and representatives to verify, obtain and exchange any information in connection with the insurance applied for in this application. This consent is valid with respect to any policy extension and/or renewal of coverage with Intact Insurance Company, or any of its affiliates.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.

Signature of individual Applicant or Duly Authorized Officer:

Title:

Date Signed:

IMPORTANT: This type of insurance coverage applies only to claims made and reported to the Insurer during the policy period. Coverage does not apply, however, to claims that arise out of errors, omissions or negligent acts or facts or circumstances that may reasonably give rise to a claim at a future date that are known to the applicant at the time when this application is signed and dated. Therefore, if the applicant is currently insured by an Insurer other than Intact Insurance Company and/or its affiliated companies, and that contract of insurance is on a claims made basis, it is incumbent upon the applicant to report all known circumstances which may give rise to an eventual claim to that Insurer. Please refer to your Insurance Broker if you do not understand the foregoing.