



Victor Canada
 500-1400 Blair Place
 Ottawa, Ontario K1J 9B8
 Telephone 613-786-2000
 Facsimile 613-786-2001
 Toll Free 800-267-6684
 www.victorinsurance.ca

Application

Errors and Omissions Insurance for Representatives, Firms and Claims Adjusters and Insurance Agents and Brokers (Quebec)

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____
 Name of Broker Contact: _____
 Brokerage Address: _____ City: _____ Postal Code: _____
 For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

THE APPLICANT

1. Name of Applicant: _____

If more than one legal entity, please indicate the relationship between each: _____

(Please note that an insurance policy cannot be shared unless there is a financial interest.)

2. Website Address (if applicable): _____

3. Address: _____

4. Location of Branch Offices: _____

5. Date operations began: _____

6. Predecessor Firms (Insurance Brokerages Only)

Please list all former names, firms, practices purchased or dissolved where the Applicant is responsible for maintaining in force the professional liability and requires coverage:

Name of Firm	Date Established	Date Ceased to Operate
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Does the Applicant anticipate any merger or acquisition activities or retirement in the course of the next policy period? YES NO

If yes, please provide details.

8. (a) Status of Applicant (Quebec licence only): independent representative* independent partnership
 firm

*If the Applicant is an independent representative, what brokerage(s) does he transact with:

(b) Please indicate all sectors for which the Applicant holds a certificate:

- | | |
|--|--|
| <input type="checkbox"/> Damage Insurance/General Insurance | <input type="checkbox"/> Group Insurance of Persons/Group Life Insurance |
| <input type="checkbox"/> Insurance of Persons/Life Insurance | <input type="checkbox"/> Claims Adjustment |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Group Savings Plan Brokerage |
| <input type="checkbox"/> Investment Contract Brokerage | <input type="checkbox"/> Scholarship Plan Brokerage |
| | <input type="checkbox"/> Extended Warranty Products |

9. Is the Applicant licensed in other provinces? YES NO

If yes, please list: _____

10. Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada? YES NO

If yes, please provide full details for our review and acceptance, and indicate the services provided as well as the location and the gross annual fees or income from the past year and anticipated for the next year.

PERSONNEL

11. Please complete **Annex 1** for all representatives and claims adjusters. Should there be someone who has had their licence suspended, please provide details in column 8.

12. Total number of employees: _____

INSURANCE MARKETS

13. Please name the insurance companies with which the Applicant has an agency contract:

14. Please name all insurance companies, brokers or specialty markets with which the Applicant does business:

15. If you act as a Managing General Agent, please provide:

- (a) details of services/activities;
(b) a copy of your contracts with the insurance companies.

16. Do you place any insurance with companies who are not licensed to write coverage in Canada? YES NO

WITHOUT LIMITATION OF ANY OTHER REMEDY TO THE INSURERS, IT IS AGREED THAT, IF THERE ARE TRANSACTIONS WITH INSURERS WHO ARE NOT LICENSED TO WRITE COVERAGE IN CANADA, SUCH TRANSACTIONS WILL BE EXCLUDED FROM THE COVERAGE GRANTED BY THE POLICY.

17. During the last five (5) years, has one or more insurance company cancelled or refused to renew your agency contract? YES NO

If yes, please provide the name of the company and the reasons: _____

VOLUME OF BUSINESS

**INSURANCE BROKERS,
INSURANCE REPRESENTATIVE**

	Past 12 Months	Estimated for Next 12 Months
18. (a) Total Gross Premium Volume in Damage Insurance	\$ _____	\$ _____
Government Auto Plans Commission (BC, MB, SK)	\$ _____	\$ _____
Gross Annual Life Commissions	\$ _____	\$ _____
Income from Other Sources*	\$ _____	\$ _____

* Explain: _____

(b) For each of the following categories, please indicate the approximate percentage of the total volume of business:

Personal Lines (including auto)	_____ %
Commercial Lines	_____ %
Farms	_____ %
Marine/Aviation	_____ %
Other (specify: _____)	_____ %
Total	100%

(c) Total number of policies: _____

(d) Are there other programs managed by the Applicant? YES NO

If yes, please detail: _____

CLAIMS ADJUSTERS

19. (a) Volume of business (receipts): \$ _____

(b) Please complete the following:

Personal Lines	% of volume of business	Commercial Lines	% of volume of business
Automobile	_____	Automobile	_____
Residential	_____	Property	_____
		Liability	_____
		Others (please detail)	_____
		Total	_____
			100%

20. Is the Applicant authorized to settle losses on behalf of insurers? YES NO

If yes, please provide details.

21. Is the Applicant a public adjuster (acting on behalf of claimants)? YES NO

If yes, please confirm percentage: _____%

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required;
- notify the *Autorité des marchés financiers* upon receiving any claims under the contract of insurance in accordance with the Act respecting the distribution of financial products and services, R.S.Q. c. D-9.2 and regulation respecting the pursuit of activities as a representative.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Applicant (please print)

Signature of Applicant

Date (dd/mm/yyyy)

ANNEX 1

Please list the names of all licensed individuals providing services for or on behalf of the Applicant.

1 Name	2 Certificate in Damage Insurance/ General Insurance	3 Certificate in Insurance of Persons/ Life Insurance	4 Certificate as Insurance Adjuster	5 Other License (Specify)	6 Province(s)	7 REGISTRATION WITH <i>L'AUTORITÉ DES MARCHÉS FINANCIERS</i> * (Quebec license only)			8 Suspension of license, provide details
						(a) independent representative	(b) attached (i) employed by the firm	(ii) not employed by the firm	

***For any inquiry pertaining to your registration, please contact *l'Autorité des marchés financiers*.**