



APPLICATION FOR INSURANCE BROKERS ERRORS AND OMISSIONS

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

New Application

Renewal Application

If renewal, provide: *Policy Number:* _____ *Expiration Date:* _____

1. Name of Applicant (if more than one, show principal applicant only, and additional applicants below):

Additional applicants (to be named insureds):

Name

Activities

<u>Name</u>	<u>Activities</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. Address (Head Office):

Date Established: Month _____ Year _____

Telephone Number: _____ Fax Number: _____

Website Address: _____ Contact Email Address: _____

Location(s) of Branch Offices:

3. Has the name of the brokerage, ownership or principals of the brokerage changed, or has any other business been purchased, merged or consolidated with the brokerage, including the purchase of another broker's business, during the past five years? Yes No
 If Yes, please list details below including gross income derived from other business:

4. Is the brokerage engaged in any other business? Yes No
 If Yes, please provide details:

5. Is the brokerage owned by, associated with or controlled by any other business(es)? Yes No
 If Yes, please provide name, percentage of ownership, description of business of parent or controlling interest, kind and amount of insurance derived from associated businesses or owner:

6. a) Total gross P&C premiums written annually \$ _____
 b) Total Life, Accident & Health commissions written annually \$ _____

7. What percentage of TOTAL INCOME comes from

Insurance	_____	%
Claim Settlement for a fee	_____	%
Premium Financing:		
For own clients	_____	%
For others	_____	%
Consulting for a fee	_____	%
Third Party Administration for:		
Employee Benefit / Pension Plan	_____	%
Other (Specify): _____	_____	%

(MUST TOTAL 100 %) 100%

8. Please give the approximate percentage breakdown of the total premium volume:

Business placed as:

_____	% Broker (with binding authority)	_____	% MGA* (with binding authority)
_____	% Broker (without binding authority)	_____	% MGA* (without binding authority)
100% = TOTAL			

*(MGA / Managing General Agency: agency operating with a broad grant of authority by an insurance company or Lloyd's to underwrite, bind and issue policies.)

9. Please give the approximate percentage breakdown of the total premium volume:

Business received or assumed (100% = TOTAL):

_____	% Direct from insureds	_____	% From other brokers
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10. Please give the approximate percentage breakdown of the total P&C premium volume (100% = TOTAL):

_____	% Personal Lines	_____	% Commercial Lines
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11. Please give the approximate percentage breakdown of the total P&C premium volume:

Classes of Business:

Animal mortality	_____	%
Automobile:		
Long Haul Trucking (50 miles radius and greater)	_____	%
Commercial (All other)	_____	%
Personal	_____	%
Aviation	_____	%
Bonds:		
Surety / contract	_____	%
Other bonds	_____	%
Crop Insurance	_____	%
General Property / Casualty	_____	%
Inland Marine	_____	%
Professional Liability	_____	%

Wet Marine:

Commercial _____ %
Pleasure: _____ %

Other (Specify): _____

(MUST TOTAL 100 %) 100%

12. Is the brokerage associated with a cluster or similar type arrangement? Yes No
If Yes, please provide details:

13. Does anyone from the brokerage sit on any Company Board of Directors or Governing Committees involving an insurance related activity? Yes No
If Yes, please provide details:

14. Please list the insurance companies which together account for **100%** of your **total premium volume** and indicate if you have **binding authority**. Please include all insurers used via an intermediary.
(It is not sufficient to show just the name of the intermediary)

Company	%	Binding (Yes/No)	Do you have direct access (Yes/No) (If No, give name of intermediary)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Please list any unlicensed or non-admitted insurance companies that you place business with.

Company	%	Binding (Yes/No)	Do you have direct access (Yes/No) (If No, give name of intermediary)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Please indicate the Broker's E&O carrier for the last three years. If none, state none.

Carrier	Policy Number	Limit	Effective and Expiration Date	Current Premium (Optional)

17. If you have not had Errors and Omissions coverage for the last (3) years or have had a gap in coverage, please give us a narrative explanation:

18. Please give information requested for all **Broker staff**. Over 20 hours is counted as full time.

a) Licensed Owners, Partners, Officers, Directors

Name	Check if licensed	Professional Designation	Position	Full Time	Part Time
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

b) Licensed producers who are employees of the brokerage

Name	Check if licensed	Professional Designation	Position	Full Time	Part Time
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

c) All other employees including non licensed owners, partners, officers and directors

Name	Check if licensed	Professional Designation	Position	Full Time	Part Time
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

d) Operational Coverage: producers, office brokers who are not employees of the Brokerage and are to be named as Additional Insureds	Name	Check if licensed	Professional Designation	Position	Full Time	Part Time
	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

SUB-TOTAL OF FULL AND PART – TIME EMPLOYEES (a + b + c + d): _____

e) If more than one office, please indicate the total number of staff members at each location:
 Location #1: _____ #2: _____ #3: _____ (Total of all to be included above and below.)
If more locations, attach sheet with information on staff members at each location.

TOTAL STAFF: _____

f) Do any of the persons listed in a) to e) above work for any other brokerage or for themselves? Yes No
 If Yes, please provide details:

19. Did any of your employees participate in an errors and omissions prevention seminar during the past 24 months? Yes No
 If Yes, please provide details including date, number of staff, and sponsor of program:

20. Please describe the details of training sessions or courses provided or taken:

21. Please describe your orientation program for new employees:

22. Is all incoming mail date stamped? Yes No

23. Are verbal binders confirmed in writing? Yes No

24. Are copies of binders mailed to both insured and insurance carrier within three (3) days? Yes No

25. Is there a procedure for documenting important phone conversations? Yes No

26. Is a policy expiration list maintained? Yes No

27. Are all policies and endorsements checked for accuracy before mailing? Yes No

28. Please describe the levels of automation within your brokerage:

29. Does the applicant have a planned diary, suspense or follow-up system?
If Yes, please describe. Yes No

30. Does the applicant have a formal training/compliance manual along with a designated person responsible for the maintenance of the manual?
If No, please comment: Yes No

31. Does the applicant have a written procedure that has been communicated to all persons engaged by the applicant that details the procedure for the handling of complaints and/or the notification of circumstances and/or claims to professional indemnity insurers? Yes No
If Yes, who is the person responsible? If No, please comment:

32. Does the applicant have a documented file review procedure for risks which in the opinion of the applicant are high risk or non-standard accounts? Yes No
If No, please comment:

33. Does the applicant retain on each file sufficient information to record on each file why a certain insurance policy or transaction was recommended as being suitable for client's requirements? Yes No
If No, please comment:

34. Is a summary letter stating the reasons why a certain policy/transaction was recommended sent to clients as a matter of course for all accounts? Yes No
If No, please comment:

35. Does the applicant have a formal disaster recovery plan? Yes No
If No, please comment:

36. Does the applicant retain daily off-site backups for all electronic data? Yes No
If No, please comment:

37. If the applicant has notified claims or circumstances to insurers what action has the applicant taken to review and improve internal procedures following the notifications to insurers? Please describe and/or comment:

38. Does the applicant use insurers not rated by Best's or rated below "B"? Yes No
If Yes, please comment:

39. If the answer to question 38 is Yes, does the applicant warn clients about un-rated or below "B" rated security? Yes No
If No, please comment:

40. If the answer to question 38 is Yes, does the applicant vet the security? Yes No
If No, please comment:

41. Do you place any risks (Directly or through an intermediary or wholesaler) with unlicensed insurers? Yes No

42. What steps do you take to check the Financial strength of Insurers you use (Directly or through an intermediary or wholesaler.)?

43. Does the Applicant currently carry professional or errors and omissions liability insurance? Yes No

i) If Yes, please indicate the name of the Insurer:

ii) Please indicate if such coverage is offered on an occurrence basis or claims made basis:

Occurrence

Claims Made

- iii) If current coverage is on a claims made basis, what is the retroactive date? _____
- iv) What is your current policy limit? \$ _____
- v) What is your current deductible? \$ _____
- vi) If you are presently insured, are renewal terms being offered? Yes No
- vii) If No, please state reason:

- 44. a) Have any claims ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, or any of the present or former partners or officers? Yes No
- b) Is the Applicant aware of any act, error, omission or circumstances which could give rise to a claim against the Applicant or any predecessor in business, or any present or former partner or officer? Yes No

IF THE ANSWER TO EITHER Q.44 a) OR Q.44 b) IS YES, COMPLETE THE ENCLOSED CLAIMS HISTORY FORM

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 44 a) AND/OR 44 b) OR ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY

- 45. Has any Partner, Executive Officer, Director or Professional Employee had their licence suspended, been fined or reprimanded during the past five years? Yes No
If Yes, attach details.

- 46. To the Applicant's knowledge, has any company declined or terminated the insurance for the Applicant, any present partner of officer or for any predecessor in the business, past partners or officers? Yes No
If Yes, provide details:

- 47. Please note the professional associations to which the Applicant belongs:

- 48. When is your fiscal year end? _____

49. Insurance required:

LIMITS: \$500,000 / 1,000,000
 \$1,000,000 / 1,000,000
 \$1,000,000 / 2,000,000
 \$2,000,000 / 2,000,000
 \$5,000,000 / 5,000,000
 Other _____

DEDUCTIBLES: \$ 2,500
 \$ 5,000
 \$10,000
 \$25,000
 Other _____

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____
EMAIL: _____

**For contact information visit:
www.markelinternational.ca**

CLAIMS HISTORY

Applicants Name: _____ Date: _____

Claimant: _____

Claimant's Insurer, Policy Number, Period and Type of cover: _____

Date of Claim: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Applicants Name: _____ Date: _____

Claimant: _____

Claimant's Insurer, Policy Number, Period and Type of cover: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Applicants Name: _____ Date: _____

Claimant: _____

Claimant's Insurer, Policy Number, Period and Type of cover: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____