



## SUPPLEMENTAL QUESTIONS FOR MUTUAL FUND OR FINANCIAL PRODUCTS COVERAGE

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

**Agency Name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

1. a. Show annual income from sales of the following financial products:

<u>Product</u>	<u>Annual Income</u>	<u>Product</u>	<u>Annual Income</u>
Mutual Funds	_____	Private Placements	_____
Stocks	_____	Derivatives	_____
Bonds	_____	Variable Annuities	_____
Unit Investment Trusts	_____	Others	_____
		(Specify): _____	_____
Limited Partnerships	_____	TOTAL	_____

b. Do you own or have an interest in any Broker/Dealer Organization?  Yes  No

c. Provide complete information for all agents for which this Supplemental Coverage is to be provided:

**(This Supplemental Coverage is available only for those persons included in  
agency staff listing in the Agents E&O Application.)**

Licensed Agent	Broker/Dealer Organization	<u>Coverage Needed</u>	
		Mutual Funds	Financial Products
_____	_____	_____	_____
_____	_____	_____	_____

2. Are you aware of any disciplinary actions involving any Licensed Agents and Broker/Dealer Organizations named in question 1.c. above?  Yes  No

3. Does product training provided by all Broker/Dealer Organizations named in question 1.c. above include regular training for all sellers of variable products?  Yes  No

4. Do you keep customer complaint logs?  Yes  No  
 If Yes, are customer complaints routed directly to the Compliance Officer of the appropriate Broker/Dealer Organization named in question 1.c.?  Yes  No

5. When was the last in-house or external compliance and suitability review completed by each Broker/Dealer Organization named in question 1.c. above?

Organizations	Dates
_____	_____
_____	_____

6. Do all Broker/Dealer Organizations named in question 1.c. above have Security Broker/Dealer Professional Liability Insurance Coverage?  Yes  No

7. a. Limits of Liability requested? (Check off applicable coverage):
- Mutual Funds/Annuities \_\_\_\_\_ Each Loss
- or**
- Financial Products Coverage \_\_\_\_\_ Aggregate

b. **(Deductible will be same as Agent's E&O)**

c. Desired effective date: \_\_\_\_\_

**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.**

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Signature of Applicant (authorized representative)

Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**