

**NEW APPLICATION FOR "CLAIMS MADE" INSURANCE POLICY
 FOR INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY (E&O) 2014**

1. Brokerage/Agency's Legal Entity Name: _____

*If coverage is required for additional entities please complete **APPENDIX 1 - Additional Insured Supplement***

2. Location Address: _____

3. Mailing Address: _____

4. Phone: _____ Fax: _____

5. Contact: _____ Contact E-Mail Address: _____

6. Website Address: _____

7. Year Established: _____

8. Does your brokerage have additional locations? Yes No

If yes, how many additional locations? _____

Are these offices owned and under direct control of applicant's brokerage? Yes No

If no, please explain: _____

9. Within the last five years have there been:

a. Changes in name of the brokerage/agency? Yes No

b. Changes in brokerage/agency ownership? Yes No

c. Brokerage cluster arrangements? Yes No

d. Mergers with/or purchases of other brokerages/agencies? Yes No

If yes to any of the above, please explain: _____

10. Are acquisitions or mergers pending for the upcoming year? Yes No

If yes, please describe: _____

11. Check each province in which your brokerage or individuals are licensed:

- | | | | |
|------------------------|--------------------------|----------------------|--------------------------|
| Alberta | <input type="checkbox"/> | Nova Scotia | <input type="checkbox"/> |
| British Columbia | <input type="checkbox"/> | Ontario | <input type="checkbox"/> |
| Manitoba | <input type="checkbox"/> | Prince Edward Island | <input type="checkbox"/> |
| New Brunswick | <input type="checkbox"/> | Quebec | <input type="checkbox"/> |
| Newfoundland | <input type="checkbox"/> | Saskatchewan | <input type="checkbox"/> |
| Nunavut | <input type="checkbox"/> | Yukon | <input type="checkbox"/> |
| North West Territories | <input type="checkbox"/> | | |

12. Is your brokerage/agency a Lloyd's Coverholder? Yes No

13. Premium and Commission Volumes

Premium (Gross Volume <i>not</i> including Contingent Profit)	\$ _____
a) Commissions (Annual Gross Property/Casualty/Automobile/Other Commissions (<i>not</i> including Contingent Profit))	\$ _____
b) Commissions (by sub-brokering for other brokers)	\$ _____
c) Commissions (Life and A&H)	\$ _____
d) Commissions (Mutual Funds)	\$ _____
e) Fees Earned (consulting fees, loss control services, etc)	\$ _____
Total Annual Gross Commission (a+b+c+d+e)	\$ _____

14. Volume by Line of Business

Commercial Lines/Large Commercial	_____ %
Commercial Lines/Small Commercial	_____ %
Personal Lines	_____ %
Financial Services	_____ %
Life, Accident and Health	_____ %
Other	_____ %
Total Commercial and Personal Lines	100%

15. Financial Services:

a) Do you place mutual funds through a securities broker/dealer that is affiliated with an insurance company? If **yes**, please outline the following: Yes No

Company	Licensed Agent	Income	Yrs. Experience
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

b) Does anyone covered by this policy own or have any interest in a securities broker/dealer? Yes No
 If yes, please provide the following information:

Name of individual:	Broker/dealer organization:	Effective date:
_____	_____	_____

Details of ownership or interest: _____

c) Volume for Financial Services:

Segregated Funds	\$ _____
Employee Benefit Plans	\$ _____
G.I.C.	\$ _____
R.R.S.P.	\$ _____
R.R.I.F.	\$ _____
Other (Specify):	\$ _____

16. LIFE, ACCIDENT AND HEALTH

List all licensed life insurance agents associated with your brokerage (please complete **APPENDIX 2** or attach your own list

17. Do you desire coverage for non-exclusive, non-employee producers for business placed on behalf of the Named Insured? Yes No
 If **no**, you should verify that they carry their own Errors and Omissions coverage and request that your brokerage/agency be added as an additional insured to their policy.
 If **yes**, list non-exclusive, non-employee producers submitting business to the brokerage (please attach an additional list if needed).

Name	Gross Annual Premium	Professional Designations	# of Years Licensed	# of Years with Applicant
	\$			
	\$			

18. What percent of business is received from non-employee producers? _____ %

19. Does the brokerage/agency perform any of the following activities for its customers?

	Yes	No
Reinsurance Intermediary		
Third Party Administrator		
Claim Adjustment Service		
Financial Planning		
Registered Investment Advisor		
Safety & Engineering Service		
Actuarial Services		
Tax Adviser		
Risk Management		
Loss Control		
Data Processing Consulting		
Human Resources		
Expert Witness		
Other: _____		

If yes to any of the above, please provide an explanation:

20. Is your brokerage/agency affiliated with, have ownership of, or engaged in any of the following business of professions?

	Yes	No
Insurance Company		
Real Estate Agency		
Premium Finance Company		
Bank or Trust Company		
Securities other than Mutual Funds		

If yes to any of the above, please provide an explanation:

21. Provide a detailed explanation of all entities having a 10% or controlling interest in the brokerage/agency or in any subsidiary or affiliate of the brokerage/agency.

22. Does the brokerage/agency place insurance coverage on any entity in which the applicant has an ownership interest or for any for-profit entity in which an applicant is an officer or director? Yes No

If yes, attach an explanation. _____

23. Has any past or present owner, officer, partner, employee or producers been the subject of complaints filed and/or disciplinary action by any insurance regulatory authority? Yes No
 If yes, attach an explanation. _____

24. Indicate approximate amount of business your brokerage/agency places with carriers that are:
 Licensed carriers: _____ %
 Unlicensed carriers: _____ %

25. **Total Staff:** Attach a list of all brokerage/agency owners, officers and licensed employees (or completed **APPENDIX 3**)

26. Claims Information

a. Have any Errors and Omissions claims been made against the brokerage/agency or any of its past or present owners, officers, partners, employees or producers, or to the knowledge of the applicant, on behalf of its predecessor(s) in business, within the last 10 years? Yes No

If yes, complete APPENDIX 4 stating the nature of the claim, date of claim, claimant, loss payments and disposition, E&O carrier handling claim, etc.

b. Are there any known circumstances or incidents which may result in Errors and Omissions claims being made against the applicant, past or present owners, officers, partners, employees or producers, or its predecessor(s) in business? Yes No

If yes, attach an explanation.

27. Provide the brokerage/agency prior 3 years of professional liability insurance

Name of Carrier	Limit of Liability	Deductible	Premium
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

28. Outline your desired limit of insurance:

Options	Limit Per Claim	Each Aggregate	Deductible
Expiring:	\$ _____	\$ _____	\$ _____
Option 2	\$ _____	\$ _____	\$ _____
Option 3	\$ _____	\$ _____	\$ _____

29. Effective date of Coverage: _____

30. Has any similar insurance been refused, cancelled or not renewed by an Insurer? Yes No

Past carriers have been reluctant to share reserves and claims information with their clients. This information is yours and you have a right to it. Claims reported must be a true reflection of the actual facts. Detailed information can be obtained from the insured and/or the defending lawyers. It is your responsibility to reflect a true loss picture for a new underwriter.

Policies may be cancelled or premiums adjusted if losses stated above do not reflect an accurate picture.

PRIVACY NOTICE TO APPLICANT

"The undersigned applicant authorizes Lloyds of London and/or Gougeon Insurance (a) to collect his/her personal information in order to process and evaluate this application, to provide insurance if coverage is accepted, to obtain reinsurance for the policy, to investigate any claim made under the policy, which may require third parties to collect insured's personal information, and to serve other purposes as permitted by applicable law; (b) to disclose his/her personal information for these purposes. Furthermore, the undersigned authorizes any third party who receives undersigned's personal information from Lloyds of London and/or Gougeon Insurance to collect, use and further disclose the personal information for these purposes."

NOTICE TO APPLICANT

Applicant hereby warrants and represents that the statements and answers to questions made above and attachments hereto are true and applicant has not omitted or misrepresented any information.

I understand and accept that the policy applied for provides coverage on a "claims made" basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

Applicant understands and agrees that the completion of this application does not bind Lloyds of London and/or Gougeon Insurance to issuance of any insurance policy. Further, the applicant understands and agrees that she or he is obligated to report any changes in information provided in this application that occur after the date of the application.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date: _____

Name and Title: _____

