

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

1. a. Brokerage/Agency's **Legal Entity** Name: *(proposed primary named insured)*
- _____
- b. Organization Type: Sole Proprietor Partnership Corporation LLC
 Other: _____
- c. Are you a member of a provincial Insurance Brokers Association? Yes No
If yes, please specify which Association(s): _____
- d. Date Legal Entity established*: ____/____/____ (month/day/year)
***If less than 3 years, attach resume and business plan.**
- e. Is coverage requested for any majority owned additional entities? Yes No
If yes, complete the **Additional Entity Supplement**.
2. a. **Street Address** (Primary Location):
- _____
- City: _____ Province: _____ Postal Code: _____
- b. **Mailing Address** (if different from 2.a.):
- _____
- City: _____ Province: _____ Postal Code: _____
- c. Does the brokerage/agency have additional locations? Yes No
If yes, number of locations: _____
- d. Does more than 10% of your workforce work remotely full-time (i.e., "teleworking")? Yes No
3. a. Name of individual designated as brokerage/agency E&O contact: _____
- b. Phone: () _____
- c. Fax: () _____
- d. E-Mail Address: _____
- e. Website Address: _____
- f. Does website contain a privacy statement? Yes No
- g. Do you transact business "on-line" (i.e. quoting and binding) through your website? Yes No
 If yes above, do you have documented policies, procedures and guidelines around how you address "on-line" activities to show that you have met your Legal and Regulatory responsibility as an insurance professional as it relates to your duty to advise and consult? * Yes No
***If you are unsure of your duties, please consult with your provincial regulations or a lawyer.**
- h. Are procedures in place to ensure that security events (e.g. unauthorized access, unsuccessful system access attempts, etc.) are identified, recorded, reviewed, and responded to promptly ?..... Yes No
- i. Are encryption and other secure mechanisms in place for both the transport and storage of personal information (mobile and portable devices, web site)? Yes No
- j. Are passwords utilized and changed periodically? Yes No
4. During the last 5 years for new applicants, and during the last year for renewal applicants,
- a. has the name of the brokerage/agency changed? Yes No

- b. has there been a change in brokerage/agency ownership? Yes No
- c. has the brokerage/agency participated in a cluster / alliance arrangement? Yes No
- d. have you acquired, merged with, or purchased any other brokerage/agency? Yes No

If yes to 4.a. or 4.b., please complete the Name/Ownership Change Supplement

If yes to 4.c., please complete the Brokerage/Agency Cluster/Alliance Supplement

If yes to 4.d., please complete the Acquisitions & Mergers Supplement

			<u>Current 12 Months</u>	<u>Next 12 Months</u> <i>(Estimated)</i>
5.	a.	Total P&C gross premiums written annually, excluding Life and A&S and Government Auto	\$ _____	\$ _____
	b.	Total gross annual P&C commissions	\$ _____	\$ _____
	c.	Approximate P&C Portfolio Split Commercial Lines: ___% Personal Lines: ___%		
	d.	Total gross annual Life and A&S commissions*	\$ _____	\$ _____
	e.	Total gross annual Government auto commissions	\$ _____	\$ _____

*** If coverage for Life and Accident & Sickness, Mutual Funds, Financial Products, or Financial Planning is required, complete the supplemental questionnaire (SP 15 890).**

- 6. a. Number of **P&C Insurance** Personnel: *(Each individual should be counted only once and attach a listing of staff, including years of experience and position held.)*

	Full-Time	Part-Time
Owners, Officer, Partners		
Employees – Licensed Producers, Brokers, Agents, CSRs		
Employees – non licensed		
Exclusive, Non-employee Producers		
Non Licensed Employees (Including Clerical) Non-exclusive, Non-employee Producers*		
Licensed Life Agents**		
Hail Only Agents		
TOTAL STAFF:		

* Do you desire coverage for non-exclusive, non-employee producers for business placed on behalf of the Named Insured? Yes No

If no, do you verify that they carry their own Errors and Omissions coverage? Yes No

If yes, attach list of all Non-exclusive, Non-employee Producers desiring coverage (show Name, Commission Income, number of Years with Applicant, and Years Licensed for each)

**** If coverage is required for Licensed Life Agents, complete Life and Accident & Sickness, Mutual Funds, Financial Products, or Financial Planning supplement (SP 15 890).**

- b. What percent of licensed staff have brokerage/agency experience?
 Less than 3 yrs. - ___% 3-5 yrs. - ___% More than 5 years - ___%
- c. What was the average turnover rate for the last three years? _____%
- d. What percent of brokerage/agency personnel have insurance designations? _____%

- 7. a. Type and Approximate Percentage of Insurance Placed of your total **P&C Premium** Volume.

Commercial Lines <i>Total P&C Premiums</i>	Current Year	Prior Year	Personal Lines <i>(% of Total P&C Premiums)</i>	Current Year	Prior Year
Commercial Auto	%	%	Auto	%	%
Package, Property, Primary Liability	%	%	Personal Lines Property	%	%
Umbrellas/Excess Liability	%	%	Watercraft	%	%
Crop Coverage	%	%	Umbrella	%	%
Workers Compensation	%	%	Farm Owners	%	%
Wet Marine	%	%		%	%
Livestock Mortality	%	%		%	%
Medical Malpractice	%	%		%	%
Professional Liability	%	%	TOTAL PERSONAL LINES	%	%
Aviation	%	%	TOTAL OF COMMERCIAL AND PERSONAL LINES MUST = 100%		
Bonds	%	%			
Long Haul Trucking	%	%			
Other (<i>List</i>):	%	%			
TOTAL COMMERCIAL LINES:	%	%			

b. Check each province where brokerage/agency is licensed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Nunavut |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Ontario | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> North West Territories |
| <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Quebec | <input type="checkbox"/> Other (Non-Canadian)* |
| <input type="checkbox"/> Newfoundland/ Labrador | <input type="checkbox"/> Saskatchewan | * Provide details |

c. What is the approximate number of policies in force?

8. a. List the top 3 brokerage/agency contracted **Property & Casualty Insurance Carriers** by annual premium.

Complete Name of Insurance Carrier	Years Represented	Loss Ratio*	Annual Premium
			\$
			\$
			\$

* If the loss ratio for any company represented is over 100%, please provide reason:

b. If placing coverage with unlicensed carriers, do you have the policyholder sign an Acknowledgement letter advising the risks associated with this type of market? Yes No
 N/A as do not use unlicensed carriers.

c. List all **Insurance Carriers** with whom brokerage/agency contracts have been terminated in the last 5 years. (✓ if "None")

Name of Insurance Carrier	Reason Contract Terminated				
	Lack of Production	Loss Ratio	Carrier Insolvency	Market Withdraw	Other (Describe)
	<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"/>	

9. a. Percentage of your **Property & Casualty** business placed:
- (1) Direct with Carriers _____%
 - (2) Through Sub Brokers _____%
 - (3) Through MGAs _____%
 - (4) Operating as a Wholesale Broker* _____%
 - (5) Operating as a MGA* (Provide copy of MGA contract) _____%
- TOTAL:** 100%

b. List the top 3 **Brokers, MGAs or Intermediaries** by annual premium. (✓ if "None")

Name of Broker, MGA or Intermediary	Annual Premium
	\$
	\$
	\$

10. Is more than 20% of the total premium volume DIRECTLY generated from business involved in Oil Exploration or Extraction? Yes No

If yes, Number of Accounts: _____ Annual Premium: \$ _____
 (Please complete a Petroleum Business Questionnaire)

11. In the past five years, has the brokerage/agency placed coverage for firms whose principal activity is the removal, storage, or treatment of Hazardous Waste? Yes No

If yes, Number of Accounts: _____ Annual Premium: \$ _____

12. In the past five years, has the brokerage/agency placed coverage or been involved with:

	Yes	No
Captive Management	<input type="checkbox"/>	<input type="checkbox"/>
Reinsurance	<input type="checkbox"/>	<input type="checkbox"/>
Self-Insured Captives	<input type="checkbox"/>	<input type="checkbox"/>
Risk Retention Groups (RRG)	<input type="checkbox"/>	<input type="checkbox"/>

13. Does the brokerage/agency perform any of the following activities:

	Yes	No	Revenue
Actuarial Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Claims Adjustment Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Legal Advisor	<input type="checkbox"/>	<input type="checkbox"/>	\$
Title Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Premium Finance Company	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Insurance Consulting	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Loss Control/Risk Management with Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$
Fee Based Loss Control/Risk Management without Insurance Placed	<input type="checkbox"/>	<input type="checkbox"/>	\$
Deposit Broker Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
Real Estate *	<input type="checkbox"/>	<input type="checkbox"/>	\$
Safety Consultant (Attach a copy of Safety Consulting contract)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Third Party Administrator (Attach a copy of TPA contract)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Alberta Registry Agent Services *	<input type="checkbox"/>	<input type="checkbox"/>	\$
Travel Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Family Health Plans (ie Blue Cross)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Notary / Commissioner of Oaths	<input type="checkbox"/>	<input type="checkbox"/>	\$

* **If coverage requested, a separate supplement/application is required for coverage consideration.**

14. a. Is there any entity having a 10% or more interest in the brokerage/agency or any subsidiary or affiliate of the agency? Yes No

If yes attach organization chart and complete 14. b. to f.

- b. Affiliate's Name: _____
- c. Ownership:..... _____%
- d. Affiliate's Operations: Bank Insurance Real Estate/ Mortgage Other: _____
- e. Affiliation: Parent Company Sister Company Holding Company Joint Venture
- f. What percent of brokerage/agency revenue is derived from insurance placement for affiliated companies? _____%
15. Does brokerage/agency place insurance for any entity (**other than the brokerage/agency**) which the brokerage/agency or brokerage/agency personnel have 10% or more ownership interest? Yes No
16. Office Procedures for all locations:
- a. Are incoming documents date identified? Yes No
- b. Are certificates of insurance issued based on policy terms and conditions and a copy sent to the insurer? Yes No
- c. Does the brokerage maintain a policy expiration list? Yes No
- d. Does the brokerage use a coverage checklist on all commercial proposals? Yes No
- e. Do you have a procedure requiring written documentation of all rejections of coverage? Yes No
- f. Do you have a procedure requiring a review of client's coverage for needed changes at renewal? Yes No
- g. Do you have a procedure requiring that all applications, policies, certificates and endorsements are checked for accuracy? Yes No
- h. Do you have a procedure requiring that all telephone conversations are documented? Yes No
- i. What type of diary/abeyance system does the brokerage use? (✓ if "None")
 Automated Non-Automated
- j. Are workflows reviewed and up-dated by management on a regular basis? Yes No
- k. Do you have a specific orientation/training program for new employees? Yes No
17. Have required brokerage/agency personnel participated in a [Westport Insurance Corporation] - sponsored Errors and Omissions Loss Control Seminar in the past three (3) years? Yes No
18. After inquiry of each brokerage/agency personnel, are there any known circumstances or incidents which may result in an errors and omissions claim or other claim being made against the brokerage/agency under this policy? Yes No
- If yes**, what is the total number of these potential claims? _____
- Complete a Claim Supplement for each potential claim.** (Claim supplement not required for claims or incidents previously reported to [Westport Insurance Corporation's] Claims Dept.)
19. Have any errors and omissions claims or incidents been made against the brokerage/agency or any of its past or present personnel or predecessor brokerage/agency, within the last 5 years? Yes No
- If yes**, what is the total number of these claims not previously reported to [Westport Insurance Corporation]? _____
- Complete a Claim Supplement for each claim/incident.** (Claim supplement not required for claims or incidents previously reported to [Westport Insurance Corporation's] Claims Dept.)
20. Has the brokerage/agency paid an E&O loss in excess of \$5,000 out of brokerage/agency funds within the last 5 years? Yes No
- If yes**, what is the total number of losses paid? _____

Complete a Claim Supplement for each incident. (Claim supplement not required for claims or incidents previously reported to [Westport Insurance Corporation's] Claims Dept.)

21. Has any policy or application for Errors and Omissions insurance on behalf of the applicant or any of its past or present owners, officers, partners or employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refused within the last 5 years? Yes No

If yes, please indicate: **Year:** _____
Reason: Claim Experience Carrier withdrew from market
 Non-Payment Brokerage/Agency Operations
 Other (Describe): _____

22. Has any past or present brokerage/agency personnel been the subject of complaints filed and/or formal investigation and/or disciplinary action by any insurance regulatory authority? Yes No

If yes, provide explanation on a separate page along with a copy of the action pending or taken by the disciplinary body or judicial system.

23. Please provide the following on the brokerage/agency's prior 5 years of professional liability insurance:
(✓ if "None")

Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date If "Full Prior Acts", ✓ box
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>

24. Requested Effective Date: ____ / ____ / ____
25. Requested Limit of Liability: Each Claim: \$ _____ Annual Aggregate: \$ _____
26. Requested Deductible: \$2,500 \$5,000 \$7,500 \$10,000
 \$15,000 \$25,000 \$50,000 \$100,000 (requires financials)

PRIVACY NOTICE TO APPLICANT

The undersigned applicant authorizes [Westport Insurance Corporation] (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, including our internal and external legal and compliance screening and reporting, as permitted by and required by applicable law; (b) to disclose his/her personal information to its subsidiaries, affiliates, reinsurers, agents and applicable governmental authorities for these purposes, and (c) to use his/her personal information for these purposes. Furthermore, the undersigned authorizes any third party who receives undersigned's personal information from [Westport Insurance Corporation] 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 [Westport Insurance Corporation] 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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of [Westport Insurance Corporation's] insurance business in Canada.

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

Signature: _____ Date: ____ / ____ / ____

Name: _____ Title: _____
(Please Print)

By typing your initials in the "Enter your initials" box below, you affirm that you are authorized to sign and date this Application on behalf of the Applicant, that it is your intent by typing your name in the "Type your full name" box below will serve as your signature for the purpose of this Application and that you consent to complete and submit this Application electronically.

Enter your initials: _____

Type your full name: _____

Date: _____

If you want to opt out of performing this insurance transaction electronically, please contact your Broker.