

Sub-Broker Application

A. ORGANIZATION

1) Legal name of organization

2) Principal place of business and address

3) Postal address (if different)

4) Communication details:

- Web site
- E-mail
- Telephone number
- Fax number

5) Type of Organization (check relevant box)

Publicly held Company 1 Privately Held Corporation 2 Partnership 3 Sole Proprietor 4

Other (please explain):

6) Parent company if applicable:

7) Please list province(s) in which you hold a license and nature of these licence(s)

B. PERSONNEL

1) Total number of staff employed by the organization:

Officers	<input type="text"/>
Employed Producers	<input type="text"/>
Administrative	<input type="text"/>
Technical/Claims	<input type="text"/>

2) Has the organization, or any of its current stockholders, directors, partners, proprietors or principal officers, ever been convicted of a criminal offense? Yes No

If "Yes", please provide details

* Please attach an organizational chart of your structure & personnel

C. NATURE OF BUSINESS

1) Please check the box which best reflects the Applicant's main business activity:

Retail Insurance Broker

Wholesale Broker

Other

2) What is the approximate annual gross total premium volume of your organization for the past 3 years?

D. BUSINESS VOLUMES

Please indicate top five markets, approximate volumes and loss ratio

	Company	Premium Volume	Loss Ratio
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5)	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. THE ORGANIZATION'S PROFESSIONAL INDEMNITY INSURANCE

1) Do you purchase Professional Indemnity (E&O) Insurance? Yes No

2) If yes please state:
Carrier:
Limit of Liability?
Deductible?

By: _____

Position: _____

Date: _____