



Box 370, 150 Hudson Avenue
Salmon Arm, B.C. V1E 4N5
Phone (250) 832-1008
Toll free 1-888-645-8811
Fax: (250) 832-3222

BEACON UNDERWRITING LTD.

APPLICATION FOR INSURANCE AGENTS/BROKERS ERRORS & OMISSIONS INSURANCE

1. Full Name of Applicant: _____

In the existence of more than one legal entity, please specify the relationship amongst each:

(Please be aware that the policy cannot be shared without any financial interest.)

Mailing Address: _____

Contact Person: _____

Website (if applicable): _____

Business Phone: _____ Business Fax: _____

2. Date Firm Established: _____

Year Month Day

3. Address of Branch(es): *Attach a list if applicable*

4. Predecessor Firms

List all predecessor names, firms, businesses purchased or dissolved where the Applicant is responsible for and providing coverage for professional liability insurance.

Name of Firm	Date Established	Date Operations Ceased

Note - Predecessor firms must be listed herein in order for coverage to be available to these entities.



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5. Does the possibility of a merger, acquisition, or retirement during the next policy period appear probable?
 Yes No

If yes, please provide details.

6. (a) Has the Applicant purchased errors and omissions liability insurance in the past?

Yes No

- (b) If yes, please provide the following specifics for the past three years:

Insurer	Policy Period	Expiring Premium	Limit	Deductible
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

7. Has any application for similar insurance on your firm's behalf or any of its partners, executive officers, director, agents or brokers (whether employees or independent contractors) or on behalf of any predecessors in business ever been declined, cancelled or renewal refused?

Yes No

8. (a) Has the Applicant or any of staff members/employees ever been recipients of any allegations of professional negligence in writing or verbally?

Yes No

- (b) Is the Applicant or any staff members/ employees aware of any facts, circumstances or situations which could possibly give rise to a claim, other than as above?

Yes No

Note, Should there be knowledge of any fact, circumstance, or situation of any claim not disclosed herein, coverage for that particular claim will be excluded.

8. Has any owner, officer, director, partner, employee or producer of the firm been the subject of disciplinary action by any insurance authority?

Yes No



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9. (a) Please specify on Schedule A (attached herein) all particulars for all licensed individuals excluding those solely engaged in life insurance

- (b)
- (i) Provide the names of agents engaged solely in life insurance;
 - (ii) Provide the names of agents who carry both a life and general insurance license;
 - (iii) Do they carry other E&O coverage elsewhere?
 - (iv) If yes, please advise with which Insurer?

(c) State the number of all other full-time or part-time employees [not already included in 9 (a) or (b)]: _____

(d) Total staff: _____

10. Provide the following information for Brokers or other intermediaries with whom you do business:

Broker	RIBO Licensed?	Insurance Company	Licensed Carrier?	Annual Premium
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

11. List all insurance companies with which the Applicant maintains an agency contract:

12. Does Applicant do business with other insurance companies, brokers or specialty markets? If yes list below.

13. List insurance carriers with whom brokerage contracts have been terminated in the last five years, and provide the reason why such contracts have been terminated:



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14.

	Present Year	Estimated Next Year
(a) Total gross annual premium volume (excluding Life & A&H)	\$	\$
(b) P/C Commission	\$	\$
(c) Total gross annual Life/A&H Commissions	\$	\$
(d) Government Auto Plans Commission (BC, MB, SK)	\$	\$
(e) Income from other sources*	\$	\$

* Please specify: _____

15. (a) Percentage of Brokerage Business by Premium Volume:

Personal Lines		Commercial Lines	
Automobile	%	Property/Casualty	%
Property	%	Automobile	%
Other *Please Specify:	%	Wet Marine	%
		Farms	%
		Aviation	%
		Other * Please Specify:	%

(b) Total number of policies: _____

16. Please specify percentage of business placed as:

Agent _____% Managing General Agent _____% Broker _____%

Surplus Lines Broker _____% Reinsurance _____%

17. What percentage of brokerage business is received from non-employee producers? _____%

18. Are there other programs managed by the Applicant?

Yes No



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19. Provide a detailed explanation if the applicant is/or has been affiliated with or engaged in any of the following business or professions:

Reinsurance Intermediary	Yes <input type="checkbox"/> No <input type="checkbox"/>	Adjustment Service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Third Party Administration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance Company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety & Engineering Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Actuarial Services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Premium Financing Company	Yes <input type="checkbox"/> No <input type="checkbox"/>	Financial Planning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Real Estate Appraisal Firm	Yes <input type="checkbox"/> No <input type="checkbox"/>	Real Estate Agency	Yes <input type="checkbox"/> No <input type="checkbox"/>
Securities/Mutual Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Risk Management	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bank or Trust Company	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mortgagor/Mortgagee	Yes <input type="checkbox"/> No <input type="checkbox"/>

20.

- a) Does the brokerage use a computer or data processing system in its operation? Yes No
- b) Is the brokerage on-line with any carrier? Please list Yes No
- c) Does the brokerage utilize the internet? Yes No
- d) Does the brokerage have a Home Page and/or Web Site? Yes No
- e) If yes, is it utilized for marketing purposes? Yes No
- f) If yes, is it utilized for sales? Yes No
- g) If yes, are applications completed/submitted via the internet? Yes No
- h) Is all incoming mail date-stamped? Yes No

- i) Are all binders confirmed in writing? Yes No
- j) Are copies of binders mailed to both insured and company promptly? Yes No
- k) Is there a procedure for documenting telephone conversations? Yes No
- l) Are all applications, policies and endorsements checked for accuracy? Yes No
- m) Are files marked to ensure mortgages and lienholders are notified of cancellation or material change? Yes No
- n) Is there a back up procedure available when producers are away from the office? Yes No
- o) Does the brokerage have a diary/abeyance system? Yes No
- p) Does the brokerage have a procedure manual? Yes No
- q) Does the brokerage have in-house training sessions and/or encourage employees to attend off-site training courses such as AIIC, FIIC, CIB, CAIB, CRM? Yes No
- r) Does the brokerage provide a specific orientation program for new employees? Yes No
- s) Does the applicant obtain written consent from insureds when using unlicensed markets? Yes No
- t) With respect to companies represented, does the brokerage have regular staff meeting to review binding authority, new coverage wording change, etc.? Yes No



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21. Does Applicant provide services outside of Canada or for clients situated out of Canada?

If yes, give particulars and percentage of total income:

22. Are you a Director of any non-profit boards or associations?

Yes No

If yes, and coverage is required, please complete the attached questionnaire.

23. List all Provinces wherein Applicant is licensed to do business: _____

24. (a) Amount of insurance requested:

- \$1,000,000 per loss/\$2,000,000 per policy period
- \$2,000,000 per loss/\$4,000,000 per policy period
- \$3,000,000 per loss/\$6,000,000 per policy period
- \$4,000,000 per loss/\$8,000,000 per policy period
- \$5,000,000 per loss/\$10,000,000 per policy period
- Other: \$ _____

(b) Requested deductible:

- \$2,500
- \$5,000
- Other \$ _____

25. Effective Date: _____

The Applicant declares that the above statements and particulars are true and that the Applicant has not omitted or suppressed or misstated any material facts and that, at the present time the Applicant has no reason to anticipate any claim being brought against them for any act, errors or omission on the part of them or of any Insured (other than as described herein). The Applicant agrees that this Application shall be the basis of any policy of Insurance which may be issued by the Company and shall be deemed a part thereof.

Name of Applicant: _____ Date: _____

Title: _____ Signature: _____

