**LIFE INSURANCE AGENTS** – APPLICATION FOR INSURANCE

**Instead of completing this application form, consider trying** [***JET***](http://www.forwardinsurance.ca)**, our self-serve platform.**

[***JET***](http://www.forwardinsurance.ca) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](http://www.forwardinsurance.ca)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | |
| Applicant Contact Email Address: | | |  | | | | | | | | |
| *For E-signature* | | |  | | | | | | | | |
| Applicant(s) Legal Name(s):  *Include all subsidiaries* | | |  | | | | | | | | |
|  | | | | | | | | |
| Website(s): | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| Mailing address: | |  |  | | | | | | | | |
|  | | |  | | | | | | | | |
| Risk address: | |  |  | | | | | | | | |
|  |  | |  | | | | | | | | |
| **RISK INFORMATION** | | |  | | | | | | | | |
| Does the applicant work from a home office? | | | | | | No  Yes | | | | |  |
| Year Established: | | |  | | |  |  |  | | |  |
| Years of Experience: | | |  | | |  |  |  | | |  |
| Total Number of Employees:  *(including applicant)* | | |  | | |  |  |  | | |  |
| Which Provinces is the Applicant licensed to sell life insurance products in?: | | | | | | | | |  | |  |
|  | | | | | | | | |  | |  |
| Does the applicant have any operations outside of Canada? | | | | | | | | | No  Yes | | |
|  | | |  | | | | | | | | |
| Has the Applicant or any employees ever breached any license conditions, been fined or suspended? | | | | | | | | | | | No  Yes |
| Has the Applicant or any employees been subject to disciplinary proceedings or investigations? | | | | | | | | | | | No  Yes |
| Is the Applicant anticipating any mergers or acquisitions in the next 12 months?: | | | | | | | | | | | No  Yes |
|  | | | | | | | | | |  | |
| **Sale of Investment Products** | | | | | | | | | |  | |
| Does the applicant sell mutual funds or other investment products? | | | | | | | | | | No  Yes | |
| Are all investment products sold only standard products offered by licensed life insurance groups? | | | | | | | | | | No  Yes | |
| If no, please list all providers: | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| **Revenues** | | | | |  | | | | |
| Gross Commission Revenue - Life and A&S | | | | | $ | | | | |
| Gross Commission Revenue - Sale of Investments | | | | | $ | | | | |
| Gross Revenue - Other | | | | | $ | | | | |
| If you have indicated "Other" for gross revenue please describe: | | | | |  | | | | |
|  | | | | |  | | | | |

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| **LOSS HISTORY** | | | | | | | | | | | | | | | | |  | | | | |
| Has the applicant had any claims in the last five years? | | | | | | | | | | | | | No  Yes | | | | | | |
| If yes, provide date, details, paid, etc. | | | | | | | | |  | | | | | | | | | | |
| Is the Applicant aware of any circumstances that may arise in a claim? | | | | | | | | | | | | | No  Yes | | | | | | |
| If yes, provide details: | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **PRIOR INSURANCE** | | | | | | | | | | | | | | |  | | | | | | |
| Does the Applicant currently carry Errors & Omissions Liability? | | | | | | | | | | | | | | | No  Yes | | | | | | |
| Insurer: | | |  | | | Premium: | | $ | | | Policy No: | | |  | | | Retroactive Date: | |  | | |
| Does the Applicant maintain Errors & Omissions coverage for any former entities? | | | | | | | | | | | | | | | No  Yes | | | | | | |
| If yes, please provide details including name, dates the business was in operation: | | | | | | | | | | | | | | | |  | | | | | |
| Does the Applicant currently carry Commercial General Liability? | | | | | | | | | | | | | | | No  Yes | | | | | | |
| Insurer: | | | |  | | Premium: | | $ | | | Policy No: | | |  | | |  | | | | |
| Has the Applicant ever had insurance cancelled, declined or refused? | | | | | | | | | | | | | | | No  Yes | | | | | | |
| If yes, please describe: | | | | | | |  | | | | | | | | | | | | | | |
| **ATTESTATION** | | | | | | | | | | | | | | | | | | | | | |
| I understand that for coverage to be afforded under a policy of insurance, that all individuals must maintain a license in the relevant jurisdiction, where it is required. | | | | | | | | | | | | | | | | | | No  Yes | | | |
| I understand that any activity with an unlicensed insurer is not covered under the proposed policy of insurance. | | | | | | | | | | | | | | | | | | No  Yes | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **ERRORS & OMISSIONS** | | | | | | | | |  | | | | | | | | | | | |
|  |  | $1,000,000 per Claim / $2,000,000 Aggregate | | | | | | | |  | | $2,000,000 Per Claim / $5,000,000 Aggregate | | | | | | | | |
|  |  | $1,000,000 per Claim / $5,000,000 Aggregate | | | | | | | |  | | $3,000,000 Per Claim / $3,000,000 Aggregate | | | | | | | | |
|  |  | $2,000,000 Per Claim / $2,000,000 Aggregate | | | | | | | |  | | $5,000,000 Per Claim / $5,000,000 Aggregate | | | | | | | | |
|  |  | $2,000,000 Per Claim / $4,000,000 Aggregate | | | | | | | |  | |  | | | | | | | | |
| **COMMERCIAL GENERAL LIABILITY (Optional)** | | | | | | | | |  | | | | | | | | | | | |
|  |  | $1,000,000 | | |  | | | |  | | | | | |  | | | | | |
|  |  | $2,000,000 | | |  | | | |  | | | | | |  | | | | | |
|  |  | $5,000,000 | | |  | | | |  | | | | | | | | | | | |
| **TENANTS LEGAL LIABILITY** | | | | | | | | |  | | | | | | | | | | | |
|  |  | $500,000 | | | | | | |  | | | | | |  | | | | | |
|  |  | $1,000,000 | | | | | | |  | | | | | |  | | | | | |
| **EMPLOYEE BENEFITS LIABILITY** | | | | | | | | |  | | | | | |  | | | | | |
|  |  | $1,000,000 | | | | | | |  | | | | | |  | | | | | |
| **NON-OWNED AUTOMOBILE** | | | | | | | | |  | | | | | |  | | | | | |
|  |  | Not Required | | | | | | |  | | | | | |  | | | | | |
|  |  | $1,000,000 | | | | | | |  | | | | | |  | | | | | |
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| **PROPERTY COVERAGE (Optional)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Personal Property:  *(Incl Tenants Improves)* | | | | | | | | | $ | | | | Stock/Inventory: | | | | | | | | | | $ | | |
| Contents of Every Description: | | | | | | | | | $ | | | | Miscellaneous Articles Floater: | | | | | | | | | | $ | | |
| Sewer Backup Coverage: | | | | | No  Yes | | | | | Flood Coverage: | | | | | No  Yes | | | | Earthquake Coverage: | | | | | No  Yes | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COPE Details (if any property required):** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building Construction: | | | | | | | Frame | | | | | Fire Resistive | | | | Non-Combustible | | | | | | Other: | | | |
| Year Built |  | | | | |  | | | | | | |  | | | |  | | | |  | | | | |
| Year of Upgrades: | | | |  | |  | | | |  | | |  | | | |  | | |  | | | | | |
| Roof: | |  | | | | Heating: | | | | |  | | | Plumbing: | | | |  | | | | Electrical: | | |  |
| Protection: | | | Protected | | | | | Semi-protected | | | | | Unprotected | | | | | | | | | | | | |
| Sprinklers: | | | No  Yes | | | | | | | | | | Centrally Monitored Alarm: | | | | | | | No  Yes | | | | | |

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| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. | | | |
| **Applicant’s Signature:** |  | **Date:** |  |
| **Brokerage:** |  | **Broker ID:** |  |
| **Broker Email:** |  | **Phone:** |  |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to** [***JET***](http://www.forwardinsurance.ca)**.**