This document constitutes an annex to the insurance contract which will be issued based on the information contained herein and will be an integral part of it.

POLICY FOR THE PROTECTION OF PERSONAL INFORMATION: The information supplied shall be used solely with respect to products and services offered by **Monarch Insurance Brokers Ltd**.

***In order to avoid delays to your request or to your renewal, it is necessary that all questions be answered and that you initial the bottom of each page.*** If a question is not applicable, please indicate N/A.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If you are a member of a professional group, please indicate which one: | | | | | | |  | | | | |
| Company: |  | | | | | | | | | | |
| Mr.  Mrs.  Ms. | | | | | | | | | | | |
| Family name: | |  | | |  | First name: | | |  | | |
| Date of birth: | | dd       mm       yy | | |  |  | | |  | | |
| **Check the box if the following information (addresses, methods of contact) is the same as last year, otherwise please provide us with the new information** | | | | | | | | | | | |
| Mailing address: | | | | |  | Home address: | | | | | |
|  | | | | Off: |  |  | | | | | Apt: |
| Civic no. - Street | | | | |  | Civic no. - Street | | | | | |
|  | | | | |  |  | | | | | |
| City | | | | |  | City | | | | | |
|  | | | |  |  |  | | | | |  |
| Province | | | | Postal code |  | Province | | | | | Postal code |
| **Please complete the following information and check off your preferred method of contact:** | | | | | | | | | | | |
| Home: | | (     ) |  | |  |  | |  | |  | |
| Office: | | (     ) |  | |  | Fax: | | (     ) | |  | |
| Cellular: | | (     ) |  | |  | E-mail: | |  | | | |

1. **A) Chose which type of firm you represent:**

**SOLE SHAREHOLDER FIRM or INDEPENDENT PARTNERSHIP:** A sole shareholder firm or independent partnership is a firm in which **one person** declares to be the only administrator, director, and representative of the firm. In addition, there must not be more than two administrative employees.

**REGULAR FIRM:** A regular firm is a firm having at least one representative and one employee with or without a title connected to the profession of financial services. As soon as the number of representatives exceeds one, with or without an employee, it is considered a REGULAR FIRM.

**B)** Supply the list of the shareholders who hold a license issued by the regulatory body of financial institutions according to your province as well as their license number:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | License no.: |  |
| Name: |  | License no.: |  |
| Name: |  | License no.: |  |
| Name: |  | License no.: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Requested date of coverage for this insurance policy:** | dd |  | mm |  | yy |  |

1. **Please indicate the breakdown of your clientele based on the license you hold by provinces:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Breakdown of your clientele** | **LICENSES** | | | |
|  |  | **Insurance of persons** | **Mutual funds** | **General/Damage Insurance** | **\*Other license** |
| **Alberta :** | % |  |  |  |  |
| **British Columbia :** | % |  |  |  |  |
| **Saskatchewan :** | % |  |  |  |  |
| **Manitoba :** | % |  |  |  |  |
| **\* Other provinces :** | % |  |  |  |  |
| \* Other provinces or license (specify) : | |  | | | |

1. **Your gross revenue (fixed salary, commission and bonus = GROSS amount):**

|  |  |  |
| --- | --- | --- |
| 1. Your fiscal year end is  December 31 or another date: |  |  |
| 1. Your gross revenue for the last fiscal year was: |  | $ |
| 1. Your estimated gross revenue for next year will be: |  | $ |

For each of the following categories, please indicate the **percentage (%)** of **gross revenues (the last fiscal year)** generated **directly** and **indirectly** by your firm. By ‘indirect revenues’ we mean those revenues (commissions, bonuses and fees) paid to representatives of your firm or representatives acting on the behalf of your firm.

**\*If a certain category is not applicable, please indicate N/A.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D) Gross revenues: commissions, bonuses, fees, salary | | | | | | | | |
| Life insurance,  Scholarship plan | Group insurance/ Accident and health | | Segregated funds | Mutual funds | Financial planning | Damage insurance | \*Other categories  (describe below) | Total |
| % | % | | % | % | % | % | % | **100%** |
| E) Commissions, bonuses, and fees paid to representatives of your firm or acting on the behalf of your firm | | | | | | | | |
| % | % | | % | % | % | % | % | \_\_\_% |
| F) Total: (d) minus (e) | | | | | | | | |
| % | % | | % | % | % | % | % | \_\_\_% |
| \*Description of other categories: | |  | | | | | | |
|  | | | | | | | | |

1. **Amount of insurance requested:**

$500,000 limit per claim - $1,000,000 limit per insurance period\*

**\*only for Québec and only if 3 representatives and less**

$1,000,000 limit per claim - $2,000,000 limit per insurance period  **Deductible:**

$1,000,000 limit per claim - $5,000,000 limit per insurance period  **The minimum deductible is $1,000**

$2,000,000 limit per claim - $4,000,000 limit per insurance period

$2,000,000 limit per claim - $5,000,000 limit per insurance period  $5,000,000. Required by the Manitoba Insurance Council

1. **Your previous insurance during the last 3 years (if other than Lloyd’s by LA TURQUOISE PRO, formerly Inovesco):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Insurer** | **Policy no.** | **Insurance period** | | **Limit of liability** | **Deductible** |
|  |  | From/To: |  |  |  |
|  |  | From/To: |  |  |  |
|  |  | From/To: |  |  |  |

1. **Professional activities and licenses**

Please describe in detail the professional activities for which you hold a license (if more space is required, please use an annex).

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Please describe in detail each license issued by the governmental authority and/or any other self-regulatory organization indicating the licence numbers, the date of issue, the expiry date and the restrictions if any:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professional activity for which a license has been issued** | **Issuing authourity** | **License number** | **Date of issue** | **Expiry date** |
|  |  |  |  |  |
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| --- | --- |
| **License number** | **Restrictions** |
|  |  |
|  |  |
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Do you offer to your client, your firm or an employee, a service concerning tax returns?

**Compliance**

|  |  |
| --- | --- |
| 1. Has your firm or have you yourself retained the services of a third party to ensure the compliance of your operations?   If yes, please indicate the name of the third party and the nature of her/his mandate : | Yes  No |
| 1. If the firm ensures internal compliance:  * Are the rules established by the Autorité des marchés financiers as well as market practices and customs followed punctually? * Is the person responsible for ensuring the adherence to rules and compliance a full time employee?   If no, please indicate the work load of this person | Yes  No  Yes  No |
| 1. Has the firm been the subject of an investigation from competent authorities in regard to disciplinary matters or the sale of financial products?   If yes, please provide all the details on the following lines (use more space if necessary): | Yes  No |
| 1. Has the firm been visited by the Autorité des marchés financiers and/or compliance authorities?   If yes, please indicate the date of the visit and provide a copy of the professional inspection report. | Yes  No |
| 1. Have the required measures to comply with the findings of the professional inspection report been implemented?   If not, please explain the reasons and provide a schedule: | Yes  No |
| 1. Does the firm have a policy or procedure in place to ensure record keeping such as follow-up letters, analysis of needs and/or customer profile and a proper notification procedure if established regulatory provisions are not followed? | Yes  No |
| 1. Does the firm keep files and maintain proper documentation on file follow-ups?   If yes, please provide details in the following space: | Yes  No |

1. **Please indicate your professional activities of the last five years: Please answer all questions of the following statements:**

|  |  |
| --- | --- |
| 1. Have you been the subject of one or more claims? | Yes  No |
| 1. Have you ever given notice of a claim to an insurer? | Yes  No |
| 1. Have you been the subject of a judgment against you concerning your profession? | Yes  No |
| 1. Have you been the subject of an out of court settlement in the practice of your profession, which may or may |  |
| not have lead to a payment from your part? | Yes  No |
| 1. Have you been the subject of any disciplinary measure and/or complaint against you by any regulatory |  |
| organization? | Yes  No |
| 1. Has your license ever been suspended or revoked in the course of your practice? | Yes  No |
| 1. Has a client ever indicated to you, either verbally or written, that he may pursue legal action against you, |  |
| one of your agents, an employee, a trainee, or any persons working directly or indirectly with you? | Yes  No |
| 1. Do you know of any facts that lead you to believe that a claim may be brought against you? | Yes  No |
| 1. During the last 5 years, has another insurer cancelled or refused renewal of a similar insurance policy? | Yes  No |

If you answered **Yes** to any of the questions in **section 10** and in order to know about the status of your claim file or any other facts that may lead to a claim, please write all the information and **send us the supporting documents**. If the space provided is not sufficient, do not hesitate to add an additional sheet.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Date of claim or approximate date of event:*** | | | | | |  | ***Name of claimant:*** |  | ***Amount claimed or estimated amount of damages:*** | |
| dd |  | mm |  | yy |  |  |  |  |  | $ |
| Explain the nature of the claim or event as precisely as possible: | | | | | | | | | | |
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1. **List of shareholders, representatives and employees of your firm:**

* Add an asterisk (\*) before the names of shareholders and employees of your firm.
* Note that only employees and shareholders will be covered.
* Please make an additional copy of this page if the number of persons exceeds the space provided.
* A complete list grouping together the same information is acceptable. However, the applicant must initial each page.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name of representative, employee, director, or shareholder*** | ***License issued by the regulatory body in your province?*** | ***Year of employment*** | ***Description of position occupied*** | ***License suspension in the past 5 years?*** |
| ***If yes, please indicate the license number (#)*** |
|  | Yes  No |  |  | Yes  No |
|  | # |  |  |  |
|  | Yes  No |  |  | Yes  No |
|  | # |  |  |  |
|  | Yes  No |  |  | Yes  No |
|  | # |  |  |  |
|  | Yes  No |  |  | Yes  No |
|  | # |  |  |  |
|  | Yes  No |  |  | Yes  No |
|  | # |  |  |  |
|  | Yes  No |  |  | Yes  No |
|  | # |  |  |  |
|  | Yes  No |  |  | Yes  No |
|  | # |  |  |  |
|  | Yes  No |  |  | Yes  No |
|  | # |  |  |  |
|  | Yes  No |  |  | Yes  No |
|  | # |  |  |  |

1. **Professional experience:**

|  |  |  |
| --- | --- | --- |
| * Your firm has been in business for: |  | years. |

* Your principal insurers or group affiliations for life insurance or segregated funds are:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  | 2. |  |
| 3. |  | 4. |  |

* Your principal partners for mutual funds are:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  | 2. |  |
| 3. |  | 4. |  |

1. **Business practices for REGULAR FIRMS only:**

|  |  |
| --- | --- |
| 1. Do you meet the requirements during an inspection by the regulatory body of financial institutions |  |
| according to your province, or in Quebec by the Autorités des Marchés Financiers |  |
| *(ref: web site www.lautorite.qc.ca/clientele/intervenant-secteur-financier/representants/ inspection.en.html)*? | Yes  No |
| 1. Does the firm have an official responsible for the investigation of complaints? | Yes  No |
| 1. Does the firm have a procedural manual for the forms in use? | Yes  No |
| 1. Does the firm require the use of specific forms for each business activity? | Yes  No |
| 1. Does the firm have a training program, either internal or external, that is specific and mandatory for its |  |
| representatives, employees or others? *(Apart from mandatory* *courses and training required for obtaining* |  |
| *PDU credits)* | Yes  No |
| 1. Does the firm conduct internal examinations of its representative’s portfolios? | Yes  No |

**\*\*PLEASE TAKE NOTE THAT THIS APPLICATION WILL BE SUBMITTED TO THE INSURER FOR APPROVAL AND A QUOTATION, WHICH WILL BE SENT TO YOU WITH PAYMENT INFORMATION.**

1. **Declaration and signature:**

## FALSE AND MISLEADING INFORMATION

If the current form contains false or misleading information about important facts, the insurer and/or La Turquoise Pro could, at their discretion, deem the insurance policy issued following the conclusion of the current form null and void *ab* initio.

For the purpose of the preceding paragraph an information is misleading if, despite being true by its very nature, it is presented in such manner as to mislead the person who receives it.

## DECLARATION AND SIGNATURE

The undersigned warrants that, to the best of his/her knowledge, all statements, information, and appendix (s) contained in this application to be true. It is agreed that the statements, information and appendix (s) shall form the basis on which the policy is issued and shall be attached to the policy and become part thereof. Completing and signing this application does not bind the applicant to purchase the insurance nor the insurer to offer insurance. If judged necessary, the company is authorized to research and conduct an investigation of the information relating to this application.

**The president must sign this section of the application, if the applicant is a firm owned by shareholders or by the principal representative if the applicant is a firm with a collective name.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | / |  | / |  |  |  |  |  |
| Day |  | Month |  | Year |  | Signature |  | Title |

1. **Method of payment:**

Check for full amount payable to Monarch Insurance Brokers Ltd. **once quote is provided.**

Application verified by Monarch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_