

INSURANCE BROKERS & CONSULTANTS



FACILITIES TO EFFECT ALL CLASSES OF INSURANCE

APPLICATION FOR WARRANTY DEALERS/PROFESSIONAL LIABILITY INSURANCE

**SUBJECT TO ACCEPTANCE BY
LLOYD'S - London, England**

1. Name of Applicant
Full Legal Name of Brokerage to be Shown As Named Insured

2. Mailing Address

Phone No. Fax No. Email

3. Branch Offices

4. Corporation
 Partnership
 Individual

5. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?

Yes No

If 'Yes', please supply full details.

No. of Years under present ownership

If less than three years attach detailed supplement of Applicant's warranty experience.

6. During the past ten (10) years has the name of the Applicant Firm ever been changed or has any other business been purchased or any merger or consolidation taken place? Yes No

If 'Yes', please supply full details.

7. The Applicant is licensed as:

- Insurance Agent Insurance Broker Life Insurance Agent General Agent

Or carries on the practice of

- Insurance Consultant Reinsurance Broker Warranty Dealer

Please provide full details of those professional services rendering as an Insurance Consultant, Reinsurance or Warranty Dealer if required:

8. List province(s) where licensed

9. Is the Applicant a member of a Professional Association(s)? Yes No

If 'Yes' please supply full details

10. List all warranty companies with whom you have an agent contract.

11. Do you have signed contracts with all warranty companies as detailed in question ten (10) that you place coverage with? Yes No
12. Do all warranty companies provide training, product knowledge for you? Yes No
13. If 'Yes', once the Training is completed do the warranty companies confirm that each trainee has reached an acceptable level of competency to sell their product? Yes No
14. List all other warranty companies whit whom agency contacts have been terminated in the past five (5) years.

15. Approximate annual gross premium volume written: \$

16. OFFICE PROCEDURES

- A) Is incoming mail stamped? Yes No
- B) Are verbal binders confirmed in writing? Yes No
- C) Are copies of binders mailed to both insured and company promptly? Yes No
- D) Is there a procedure for documenting all telephone conversations? Yes No
- E) Is a policy expiration list maintained? Yes No
- F) Are all policies and endorsements checked for accuracy before mailing? Yes No
- G) Does the Applicant have in-house training sessions and/or encourage employees to take outside training courses? Yes No
- H) Does the Applicant have a specific orientation program for new employees? Yes No
- I) Does the Firm use a computer or data processing in its operation? Yes No

What System?

- J) Is there a back-up procedure for when the Applicant is away from the office? Yes No

Explain:

D) Explain the Firm's diary abeyance system:

17. Give the approximate percentage of total business written:

Automobile-Standard	%	<input style="width: 80%;" type="text"/>	Professional Liability	%	<input style="width: 80%;" type="text"/>
Automobile-Sub Standard	%	<input style="width: 80%;" type="text"/>	Surety	%	<input style="width: 80%;" type="text"/>
Property-Standard	%	<input style="width: 80%;" type="text"/>	Ocean Marine	%	<input style="width: 80%;" type="text"/>
Property-Sub Standard	%	<input style="width: 80%;" type="text"/>	Warranty	%	<input style="width: 80%;" type="text"/>
Casualty	%	<input style="width: 80%;" type="text"/>	TOTAL	%	100

18. Employees:

Number of Owners, Officers, or Partners

Number of Staff

Number of Licensed Agents (Including Owners, Officers, or Partners)

Total number of staff (including all the above)

Non-Employees:

Number of Commissions Salespersons, handling the Applicant's business, who are licensed under Brokerage license:

Number of Sub-Brokers (who are placing their own business through Applicant's facilities)

19. Has the Applicant and its staff taken and Errors & Omissions Loss Prevention Seminar in regard to mandatory continuing education?

Yes

No

If 'No' please confirm when seminar will be taken

20. Has the Applicant or any Owner, Officer or Partner been subject of any insurance authority disciplinary action?

Yes

No

If 'Yes' please provide detailed narrative statement

21. Has any application for Warranty Dealers Professional Liability Insurance on behalf of the Applicant or of its present Partner, Executive Officers or Directors; or, to the knowledge of the Applicant, on behalf of its predecessors in business, ever been declined, cancelled or renewal refused?

Yes

No

If 'Yes' please provide detailed narrative statement

22. Have any Professional Liability claims been made against the Applicant, any of the present Partners, Executive Officers, Directors, Commission Salespersons, or Sub-Brokers; or, to the knowledge of the applicant, against its predecessors in business or any Partner, Executive Officer or Director?

Yes

No

If 'Yes' please provide detailed narrative statement

23. Does the Applicant, its Commissions Salespersons or its Sub-Brokers know of any circumstances, which could result in any Professional Liability claim being made against the Applicant, its predecessors in business or any past or present, Partners, Executive Officers, Directors, Commissions Salesperson or Sub-Brokers?

Yes

No

If 'Yes' please provide detailed narrative statement

24. Is the Applicant engaged in any other business or profession?

Yes

No

If 'Yes' please provide a detailed narrative statement including reference to operation, if any, as a Real Estate Broker or Salesperson, Property Appraiser, Title Searcher, Realty Property Management firm, Mortgage Brokers ect.

25. Please detail Warranty Dealers Professional Liability Insurance held by the Applicant Firm during the *Past Five (5) Years* (Detail the current policy first)

	Insurance Company	Policy Number	Limit of Liability	Deductible	Policy Period	Premium (\$)
1.	<input type="text"/>					
2.	<input type="text"/>					
3.	<input type="text"/>					
4.	<input type="text"/>					
5.	<input type="text"/>					

Date **Uninterrupted** insurance first began

26. Coverage Requested

Limit(s) of Liability	Aggregate Limit(s)	Deductible(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We hereby declare that the above statements and particulars are true and that I/We have not omitted or suppressed or misstated any material facts and I/we agree that this proposal form shall be the basis of the contract with Lloyd's, London, England and deemed as part thereof.

NOTE: In order to bind coverage *Monarch Insurance Brokers Ltd.* will require and original signed application in our office.

 SIGNATURE
 (Must be signed by Owner, Partner or Officer)

 TITLE

Date application Signed:

NOTE: It is understood and agreed that the completion of this application form does not bind the Insurer to sell nor does it obligate the Applicant Firm to purchase insurance. This application form is a declaration and will form part of the policy if issued.



LLOYD'S
 LLOYD'S LONDON, ENGLAND



Please use the space below to complete any questions from the preceding application where the space provided was insufficient to answer the question(s) entirely. Please indicate the number of the question beside the additional information.