

E&OPro Aon Sponsored Professional Liability Program

2013 – 2014 Renewal Application Form

Applicant Information:

First name _____ Middle initial _____ Surname _____

Mailing address _____

City _____ Prov. _____ Postal code _____

Business Tel. _____ Residence _____

Fax _____ Email _____

Check your association memberships and/or professional designations, if applicable

☐ CLU ☐ ChFC ☐ RHU ☐ FLMI ☐ CFA ☐ CFP

Underwriting Information

Type of License	Total Annual Earnings	Percentage of Total Income	Province where licensed – Check all boxes that apply						
Life Insurance (including Segregated Funds)	\$	%	<input type="checkbox"/> AB	<input type="checkbox"/> BC	<input type="checkbox"/> NB	<input type="checkbox"/> NL	<input type="checkbox"/> NS	<input type="checkbox"/> NT	<input type="checkbox"/> NU
			<input type="checkbox"/> MB	<input type="checkbox"/> ON	<input type="checkbox"/> PE	<input type="checkbox"/> QC	<input type="checkbox"/> SK	<input type="checkbox"/> YK	
			<input type="checkbox"/> Not Applicable						
Accident and Sickness	\$	%	<input type="checkbox"/> AB	<input type="checkbox"/> BC	<input type="checkbox"/> NB	<input type="checkbox"/> NL	<input type="checkbox"/> NS	<input type="checkbox"/> NT	<input type="checkbox"/> NU
			<input type="checkbox"/> MB	<input type="checkbox"/> ON	<input type="checkbox"/> PE	<input type="checkbox"/> QC	<input type="checkbox"/> SK	<input type="checkbox"/> YK	
			<input type="checkbox"/> Not Applicable						
Mutual Funds(MFDA)	\$	%	<input type="checkbox"/> AB	<input type="checkbox"/> BC	<input type="checkbox"/> NB	<input type="checkbox"/> NL	<input type="checkbox"/> NS	<input type="checkbox"/> NT	<input type="checkbox"/> NU
			<input type="checkbox"/> MB	<input type="checkbox"/> ON	<input type="checkbox"/> PE	<input type="checkbox"/> QC	<input type="checkbox"/> SK	<input type="checkbox"/> YK	
			<input type="checkbox"/> Not Applicable						
Exempt Market Dealing Representative	\$	%	<input type="checkbox"/> AB	<input type="checkbox"/> BC	<input type="checkbox"/> NB	<input type="checkbox"/> NL	<input type="checkbox"/> NS	<input type="checkbox"/> NT	<input type="checkbox"/> NU
			<input type="checkbox"/> MB	<input type="checkbox"/> ON	<input type="checkbox"/> PE	<input type="checkbox"/> QC	<input type="checkbox"/> SK	<input type="checkbox"/> YK	
			<input type="checkbox"/> Not Applicable						
Securities (IIROC)	\$	%	<input type="checkbox"/> AB	<input type="checkbox"/> BC	<input type="checkbox"/> NB	<input type="checkbox"/> NL	<input type="checkbox"/> NS	<input type="checkbox"/> NT	<input type="checkbox"/> NU
			<input type="checkbox"/> MB	<input type="checkbox"/> ON	<input type="checkbox"/> PE	<input type="checkbox"/> QC	<input type="checkbox"/> SK	<input type="checkbox"/> YK	
			<input type="checkbox"/> Not Applicable						

Disclaimer: The information contained herein is intended to provide an overview of coverages. The information is not intended to constitute legal or other professional advice. Coverage for any given matter is determined by the provisions of your insurance policy. Please refer to your policy wording for full terms, conditions, exclusions and endorsements on coverage that may apply. For more specific information, please contact Aon Reed Stenhouse Inc.

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Questionnaire

1. Do you work for, or are an owner of a firm, partnership and/or corporation that requires their name to be shown on your certificate of insurance (for vicarious liability coverage)? ☐ Yes ☐ No

If yes, identify the agency(ies), partnership(s) corporation(s), or other organization(s) by name

Coverage extends to the firm, corporation, partnership or other organization (as noted above) but solely with respect to such agency's, corporation's, partnership's or organization's vicarious liability for claims resulting from an error, omission or negligent act in the rendering of Professional Services by the Insured.

2. In the past, have you or any of your employees been the recipient of any allegations of professional negligence in writing or verbally? ☐ Yes ☐ No
3. Are you (or any of your employees) aware of any facts, circumstances or situations that may reasonably give rise to a claim, other than as advised above? ☐ Yes ☐ No

*Without limitation of any other remedy available to the Insurer, it is agreed that if there is knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

4. In the last 5 years, has there been or is there now pending against you any suit(s), proceeding(s), claim(s), fact(s), or situation(s) that would have been covered by this insurance? ☐ Yes ☐ No
5. Have you ever had your license(s) cancelled or suspended? ☐ Yes ☐ No
6. Have you had any insurance company either decline to issue or cancel any errors and omissions insurance? ☐ Yes ☐ No
7. Have you ever been convicted of a dishonest or fraudulent act? ☐ Yes ☐ No
8. Have you been found guilty of any violation of any Federal or Provincial Insurance or Securities Laws or Regulations? ☐ Yes ☐ No

Additional Comment

If you have answered Yes to Questions 2 – 8 please provide additional details.

Please note: That this is a claims made and reported policy. You must report any potential incident(s)/claim(s) to the Insurer prior to the expiry of the policy term. Failure to do so may result in a denial of coverage. Reporting a claim on this application does not constitute reporting a claim to your Insurer.

Coverage Rates – Life Licensed, A&S Licensed, Mutual Fund Advisors and Exempt Market Dealing Representatives

Current/Expiring Limit of Liability \$ _____

☐ **Current policy expiry date OR** Date (dd-mm-yy) _____

☐ **No existing policy. Desired effective date** Date (dd-mm-yy) _____

Important Instructions: Please select your limit of liability by completing the appropriate section below.

Coverage A: Life and/or Accident & Sickness License Only

Choose this option if you have

- A Life License and/or Accident and Sickness License **only**

Per loss limit	Annual Aggregate Limit	Premium	Check desired box
\$1,000,000	\$1,000,000	\$558	<input type="checkbox"/>
\$1,000,000	*\$2,000,000	\$608	<input type="checkbox"/>
\$1,000,000	\$5,000,000	\$657	<input type="checkbox"/>
\$2,000,000	*\$2,000,000	\$648	<input type="checkbox"/>
\$2,000,000	\$5,000,000	\$752	<input type="checkbox"/>
\$3,000,000	*\$3,000,000	\$927	<input type="checkbox"/>
\$4,000,000	*\$4,000,000	\$1,157	<input type="checkbox"/>
\$5,000,000	\$5,000,000	\$1,395	<input type="checkbox"/>

* aggregate increased to \$5,000,000 in MB for life insurance activities of MB life licensed life individuals, at no additional premium.

Coverage A & B: Life and/or Accident & Sickness and/or Mutual Funds

Choose this option if you have

- A Life and/or Accident and Sickness License and/or a Mutual Fund Registration

Per loss limit	Annual Aggregate Limit	Premium	Check desired box
\$1,000,000	\$1,000,000	\$620	<input type="checkbox"/>
\$1,000,000	*\$2,000,000	\$675	<input type="checkbox"/>
\$1,000,000	\$5,000,000	\$730	<input type="checkbox"/>
\$2,000,000	*\$2,000,000	\$720	<input type="checkbox"/>
\$2,000,000	\$5,000,000	\$835	<input type="checkbox"/>
\$3,000,000	*\$3,000,000	\$1,030	<input type="checkbox"/>
\$4,000,000	*\$4,000,000	\$1,285	<input type="checkbox"/>
\$5,000,000	\$5,000,000	\$1,550	<input type="checkbox"/>

* aggregate increased to \$5,000,000 in MB for life insurance activities of MB life licensed life individuals, at no additional premium.

Exempt Market Products (Coverage D) – only available to Exempt Market Dealing Representatives

- If you are an Exempt Market Dealing Representative and subscribe to Coverage A and/or B above you may add the sub-limit option below for coverage.

Per loss limit	Annual Aggregate Limit	Premium	Check desired box
*\$500,000	\$1,000,000	\$350	<input type="checkbox"/>

*The limits above are a sub-limit and not in addition to limits offered under Coverage A & B

Disclaimer: The information contained herein is intended to provide an overview of coverages. The information is not intended to constitute legal or other professional advice. Coverage for any given matter is determined by the provisions of your insurance policy. Please refer to your policy wording for full terms, conditions, exclusions and endorsements on coverage that may apply. For more specific information, please contact Aon Reed Stenhouse Inc.

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Coverage Rates – Securities (IIROC) Registrants

Current/Expiring Limit of Liability \$ _____

☐ Current policy expiry date OR Date (dd-mm-yy) _____

☐ No existing policy. Desired effective date Date (dd-mm-yy) _____

Important Instructions: Please select your limit of liability by completing the appropriate section below.

Coverage C: Securities Coverage (IIROC)

Choose this option if you have

- An IIROC Registration

Per loss limit	Annual Aggregate Limit	Premium	Check desired box
\$1,000,000	\$1,000,000	\$725	<input type="checkbox"/>
\$2,000,000	\$2,000,000	\$885	<input type="checkbox"/>
\$3,000,000	\$3,000,000	\$1,175	<input type="checkbox"/>
\$4,000,000	\$4,000,000	\$1,470	<input type="checkbox"/>
\$5,000,000	\$5,000,000	\$1,775	<input type="checkbox"/>

Optional Coverages Available

Important Instructions: Please select all optional coverages required from the appropriate section below

Privasure (Privacy / Cyber Liability Coverage)

Data security is an emerging and genuine risk in today's electronic age. A stolen laptop, lost memory key, misplaced smartphone, or even a resourceful hacker can cause a data breach with enormous consequences to any financial advisor. A breach of data can ruin your professional reputation and be ruinous, in terms of costs to comply with notification requirements, regulatory actions and potential liability claims. The Privasure coverage offered under the E&OPro Professional Liability Program offers protection for you in case of a breach of data security.

Insuring Agreements covered:

- Enterprise Security and Privacy Liability
- Enterprise Security Event Crisis Management Expense
- Regulatory Action Coverage
- Computer System Extortion Expense and Loss Coverage

Per loss limit	Annual Aggregate Limit	Premium	Check desired box
\$50,000	\$50,000	\$50	<input type="checkbox"/>

Life Licensed Assistants

Choose this option if you are

- A Life / Accident and Sickness (A&S) licensed assistant and you do **not** have your own book of business and are **not** actively soliciting new business.
- Defence Costs coverage of \$250,000 included for Life and Mutual Fund or IIROC licensed assistants.

Per loss limit	Annual Aggregate Limit	Premium	Check desired box
\$1,000,000	*\$2,000,000	\$200	<input type="checkbox"/>

* aggregate increased to \$5,000,000 in MB for life insurance activities of MB life licensed life individuals, at no additional premium.

Defence Costs Coverage (Mutual Fund or IIROC Licensed Assistants)

Choose this option if you are

- A **Mutual Fund or IIROC Only** licensed assistant and you do **not** have your own book of business and are **not** actively soliciting new business.
- Defense Costs **only**. Nil deductible. No stacking of limits
- Available on a stand-alone basis.

Per loss limit	Annual Aggregate Limit	Premium	Check desired box
\$250,000	\$250,000	\$175	<input type="checkbox"/>

Defence Costs Coverage (Supervision by Non-producing Branch Managers)

Choose this option if you are

- A Non-Producing Branch Manager. Producing Branch Managers should purchase regular limits based on licensing
- Defense Costs **only**. Nil deductible.
- Available on a stand-alone basis.

Per loss limit	Annual Aggregate Limit	Premium	Check desired box
\$250,000	\$250,000	\$175	<input type="checkbox"/>

Have you increased/decreased your limit of liability?
(Applicable to Coverage A, B and C)

If you have chosen to reduce your Limit of Liability from your current/expiring policy	
By lowering your limit of liability, you are in fact lowering your limit of liability for all past acts as well. This means that the business you wrote while you had a higher limit of coverage will now only be covered for the new limit selected.	
<input type="checkbox"/> Please amend my limits as requested. I have read and understood the implications of lowering my limit of liability	
If you have chosen to raise your Limit of Liability from your current/expiring policy, please answer below	
Are you or any of your employees aware of any facts, circumstances or situations which may reasonably give rise to a claim? If yes, please attach details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Without limitation of any other remedy available to the Insurer, it is agreed that if there is knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the proposed insurance.	

Declaration

The Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that all reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The Applicant further agrees that if any material change in the condition of the risk or party(ies) for which insurance is sought is discovered between the date of this Application and the effective date of the coverage applied for which would render this Application inaccurate or incomplete, notice of such change will be reported immediately in writing to the broker, Aon Reed Stenhouse Inc. ("Aon").

The undersigned acknowledges that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information to AXIS Reinsurance Company (Canadian Branch) for the purposes of assessing the Application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Although submission of this Application form does not bind the Applicant to purchase the insurance, the Applicant agrees that this form and the information furnished pursuant thereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

I confirm that I understand that the insurance that may be provided pursuant to this Application is provided to me exclusively by AXIS Reinsurance Company (Canadian Branch), and that the insurance is subject to the terms and conditions stated in the applicable insurance policy issued by AXIS Reinsurance Company (Canadian Branch). Further that all decisions regarding coverage and any other matter provided in the insurance policy are made by AXIS Reinsurance Company (Canadian Branch) in accordance with the terms and conditions of the applicable insurance policy. I further confirm that I understand that the insurance policy that may be provided to me pursuant to this Application constitutes the entire agreement respecting the insurance applied for herein and there are no conditions, covenants, representations, warranties or other provisions, whether express or implied, collateral, statutory or otherwise, relating to the subject matter of the insurance policy or coverage except as written in the aforementioned insurance policy.

Notwithstanding the submission of this application and premium payment, coverage will only take effect upon payment being cleared, approval of the Application and confirmation from Aon that a Certificate of Insurance has been issued under this program.

Signature of Applicant _____ **Date (dd-mm-yy)** _____
(Please print name) _____

Premium Calculation

Complete the calculations using the premium information provided earlier in this application	Per Agent
Base Premium – Coverage A,B, and/or C options (a \$150 broker fee will apply)*	\$ _____
Exempt Market Products Premium - Coverage D (sublimit to Coverage A and/or B) (a \$50 broker fee will apply)	\$ _____
Licensed Assistants Premium (a \$50 broker fee will apply)	\$ _____
Supervision for Non-Producing Branch Manager Premium (a \$50 broker fee will apply)	\$ _____
Premium Subtotal (1):	\$ _____
Loss Control Discount** (if applicable) If you have completed the Loss Seminar please discount the above subtotal by 5%.	\$ _____
New Advisor Discount (if applicable) If you are new to this industry and have obtained your first license/registration within the past 365 days please discount the above subtotal by 25% (the Loss Control Discount will not apply)	\$ _____
Premium Subtotal (2) = (1) + Discount (if applicable)	\$ _____
Privasure (Privacy / Cyber Liability) Premium	\$ _____
Mandatory Aon Broker Fee (fee dependent on coverage selected above)	\$ _____
Premium Subtotal (3) = (2) + Privasure (if selected) + Broker Fee:	\$ _____
Add 8% Ontario tax, 8% Manitoba tax OR 9% Quebec tax if applicable	\$ _____
Total Due = (3) + Tax (if applicable)	\$ _____

Please note that the Mandatory Aon Broker Fee is fully earned and non-refundable

Payment to Aon Reed Stenhouse Inc. must accompany application before the Certificate will be processed.

*The broker fee may be reduced to \$95 if applying online

** The 5% Loss Control Discount is applicable to Coverage A, B, C or D options

Named Insured _____ Certificate no. _____

<input type="checkbox"/>	VISA	Amount to be charged _____	Account No. _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
<input type="checkbox"/>	Mastercard	Expiry date _____	Cardholder Name _____																					

If you are paying for more than one certificate, please indicate each certificate number and payment below.

Certificate No.	Coverage A	Coverage A/B	Coverage C	Payment
#1	\$		\$	\$
#2	\$		\$	\$
#3	\$		\$	\$

I agree that in consideration of Aon Reed Stenhouse Inc. permitting me to pay my premium through VISA or Mastercard, Aon Reed Stenhouse Inc. may return any premium by crediting my VISA or Mastercard account.

Cardholder Signature

_____/_____/_____
Date (dd-mmm-yy)

☐ **Cheque**

Send cheque payable to Aon Reed Stenhouse Inc. in the amount of
Cheque Amount _____
Cheque No. _____
Issuing Bank for Cheque _____

All Cheques will be held for a 10 day period prior to issuing a certificate

☐ **Premium Financing** Down payment of _____ Will be withdrawn no later than _____ The amount financed is _____

_____ plus finance charges of _____ (annual rate % _____ of _____) (flat rate of % _____) to be paid in installments of _____

_____ per month, starting _____ to be paid by pre-authorized payment.

Only a void cheque is required with this payment form.

Please read Summary of Premium Finance Agreement if installments are desired:

When used herein, "I" refers to the insured named above. CAFO Inc. ("CAFO") is the lender and servicer of this installment plan. If installments are selected, I request CAFO to finance the payment of my premium according to the terms outlined above, using a loan agreement (called a premium installment contract or "PIC"). CAFO will loan to me the total premium shown above less the down payment indicated above. CAFO will pay that loan amount to Aon Reed Stenhouse Inc. for payment to the relevant Insurance Companies. I agree to repay CAFO by **9** monthly installments (**as noted above**) each starting by pre-authorized chequing. I assign and hypothecate to CAFO, as security for the total balance due under the PIC, any and all unearned premiums and dividends which may become payable under the insurance policies. I appoint CAFO as my attorney-in-fact to cancel the insurance policies if I do not pay any installment according to the terms of the PIC. I understand that all late payments to CAFO will incur a late charge of 5% of the installment and in that event or in the event of any other default, my insurance policies may be cancelled and all unearned premiums will be sent to CAFO. I agree to pay CAFO any unpaid balance remaining after the cancellation of my insurance policies.

I hereby appoint CAFO and any of its employees or agents as my attorney-in-fact to prepare one or more PICs according to the terms described above and to indicate my agreement to the PIC by printing "Signature of File" on the signature line for the insured which shall mean I agree to be bound by the PIC, a completed copy of which will be sent to me. Il est de la volonté expresse des parties que ce CVP soit rédigé en anglais. It is the express wish of the parties that the PIC is drawn up in English.

Note:

APR (Annual Percentage Rate) is a method of describing the interest calculation on a loan in which the rate is multiplied by the anticipated amount of capital outstanding during each time period of the loan as the outstanding principal balance declines.

Flat Rate is calculated as Finance Charge divided by total Premium

_____	_____	____/____/____
Insured's Signature (I have authority to bind the Insured)	Print name and title	Date (dd-mm-yyyy)

As your certificate will not be issued until payment clears, please ensure we receive your cheque at least two weeks prior to the effective date of your coverage.

Please forward the completed and signed application(s) along with your payment form to:

Attn: PSG
Fax: 1.866.335.5524
Email: EandOPro@aon.ca

Or by mail to
Attn: PSG
Aon Reed Stenhouse Inc.
20 Bay Street, Toronto, Ontario M5J 2N9

If you require assistance please contact an E&O Pro representative at 1.866.335.5551 (toll free)

Please retain a copy of the completed application and the fax confirmation page for your records.

To: Aon Reed Stenhouse Inc. (herein called "Aon")

I, the undersigned Client, confirm that I wish to use Aon's services. I consent to Aon's collection, use and disclosure of any personal information required for the following purposes:

- To determine eligibility and/or process applications for insurance products requested;
- To provide requested information, products or risk management services;
- To understand & assess my ongoing needs & offer products/services to meet those needs;
- For billing and accounting services relating to Aon's products and services;
- For communication with me, and to provide service and administration on my behalf;
- For claims administration and data analysis;
- For internal, external and regulatory audit purposes;
- To comply with legal and regulatory requirements;
- To verify the personal information provided.

Accordingly, and only for the above purposes, I:

- Authorize Aon to obtain and/or disclose personal information about me and any other additional insured individuals from/to third parties such as insurance companies, other brokers, adjusters, credit reporting agencies, motor vehicle/driver licensing authorities, financial institutions, medical professionals and others as may be required from time to time for the above purposes.
- Agree that all personal information I provide to Aon will be complete, accurate and up-to-date.
- Confirm and warrant that I shall obtain the prior consent from each individual whose personal information I provide to Aon and/or may obtain from Aon, for the collection, use and disclosure of their personal information for the purposes set out above, and that Aon is justified in relying upon this confirmation from me.
- Acknowledge that I may withdraw a previously given consent for one or more purposes at any time, subject to legal and contractual obligations, by contacting Aon's Privacy Officer in writing, although I understand that such withdrawal may result in Aon's inability to provide the services requested.
- Acknowledge that Aon is committed to protecting my personal information and to complying with applicable laws and principles regarding the privacy and confidentiality of personal information, as set out in Aon's Privacy Policy.

I acknowledge that in the course of obtaining services from Aon, I may be asked to sign other documents with consent clauses authorizing the collection, use and/or disclosure of personal information, but which do not list all the purposes as outlined in this Consent. If I sign such documents, I agree that the purposes for which Aon may collect, use or disclose personal information are not limited or abrogated; and that this Consent shall remain in full force and effect until such time as I may instruct Aon otherwise in writing.

Name of Client(s): _____

Account #: _____ Client Address: _____

Please sign & date below; then return this form to your local Aon Office representative.

Signature: _____ Print Name: _____

Position/Title: _____ Date : _____

Aon's Privacy Policy is available at www.aon.ca
or by contacting any Aon Office in Canada.

If you have any questions or concerns about our Privacy Policy, please contact Aon's Privacy Officer

by mail: Privacy Officer, 20 Bay Street, 24th Floor, Toronto, ON M5J 2N9
by fax: 416-868-5887 Attn: Privacy Officer
by email: Privacy.Officer@Aon.ca

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