

Ed.06/11 IFB MEMBERS PROFESSIONAL LIABILITY APPLICATION FOR ADVISORS

THE POLICY FOR WHICH THIS APPLICATION IS SUBMITTED IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS THEREIN. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS MAY BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. ANY DEDUCTIBLE MAY BE SIMILARLY REDUCED OR EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY.

NOTE: IFB Membership must be maintained while this Errors and Omissions policy is in force. Coverage provided under the IFB E&O Program is subject to the insured member having and maintaining a valid provincial license and/or mutual fund registration and/or exempt market registration. Failure to do so may void your E&O insurance coverage .

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this Application are defined in the Policy and have the same meaning in this . A copy of the policy is available in the Members Area of the IFB website (www.ifbc.ca). This Application, including all materials submitted herewith, shall be held in confidence.

A Name of Insured : _____

Address: _____ City: _____

Postal Code _____ Province _____

Phone Number _____ Email Address: _____

Licenses/Registrations Held:

Life <input type="checkbox"/>	MF <input type="checkbox"/>	EMDR <input type="checkbox"/>
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B Limit of Liability Requested:

<input type="checkbox"/> \$1,000,000 per claim / \$2,000,000 aggregate
<input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 aggregate
<input type="checkbox"/> \$3,000,000 per claim / \$3,000,000 aggregate
<input type="checkbox"/> \$4,000,000 per claim / \$4,000,000 aggregate
<input type="checkbox"/> \$5,000,000 per claim / \$5,000,000 aggregate

NOTE: \$5,000,000 aggregate limit for Manitoba Licensees is automatically provided under all limit options

Date Coverage to be Effective: _____ (MM/DD/YY)

C Provinces of Registration/License:

<input type="checkbox"/> BC	<input type="checkbox"/> AB	<input type="checkbox"/> SK	<input type="checkbox"/> MB	<input type="checkbox"/> ON	<input type="checkbox"/> QC	<input type="checkbox"/> NB	<input type="checkbox"/> PE	<input type="checkbox"/> NS	<input type="checkbox"/> NL	<input type="checkbox"/> YT	<input type="checkbox"/> NT	<input type="checkbox"/> NU
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D Breakdown of Revenue by Percentage of Source:

Commissions:		Fees:	
Life Insurance	%	Personal Financial Planning:	%
MFDA:	%	Estate Planning:	%
IIROC:	%	Discretionary Management:	%
EMDA:	%	(Other):	%
(Other):	%	(Other):	%
TOTAL:	100%	TOTAL:	100%

E Do you require your corporation name added to your certificate of insurance? Yes (proceed to F) No (proceed to G)

F

Your Personal Corporation can be listed on your E&O certificate if you meet the requirement in Parts 1 & 2, and you complete Parts 3 & 4		Your Personal Corporation cannot be listed if any of the answers in this column apply to you*.	
1) Ownership			
a) The corporation is solely owned by the applicant, and the applicant is the sole licensed producer, OR	<input type="checkbox"/>	None of the options at left apply to me*. Please proceed to question G	<input type="checkbox"/>
b)The corporation is owned by the applicant and immediate family members and: i)These shareholders are not directly involved in the business ii)If the shareholders are licensed, they are the only licensed producers, and all are covered under the IFB Errors & Omissions insurance plan, OR iii) The shareholders are non-licensed employees of the applicant.	<input type="checkbox"/>		
2) Employees/Licensed Producers			
a)Non-licensed Employees: The corporation has no more than 1 non-licensed employee (other than those referred to in 'Ownership', above).	<input type="checkbox"/>	The corporation has more than 1 non-licensed employee*. Please proceed to question G	<input type="checkbox"/>
b)Other Producers: The Corporation does not accept business from any other licensed producers (other than those referred to in 'Ownership', above).	<input type="checkbox"/>	The corporation DOES accept business from other licensed producers*. Please proceed to question G	<input type="checkbox"/>
3) Shareholder information (Must be completed)			
Name of Shareholder	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relation to applicant	% Shares held
	<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		%
TOTAL:			100%
4) Name of your Personal Corporation:			

* A separate Corporate E&O Policy ma be required. Please call 905-279-2727

G If you wish to have the Name(s) of Firm(s) (ie. MGA/AGA/MFD) with which you are affiliated/registered with listed on your certificate of insurance, please provide them here: _____

H Optional Additional E&O Insurance Coverage: Exempt Market Dealer Representatives

- \$250,000 per Claim/\$250,000 Aggregate --- Premium of **\$250.00**

NOTE: There is a \$250,000 per claim/aggregate limit of liability for EMDR coverage, and if selected this is part of, not in addition to, your overall limit of coverage selected in B, above. A deductible of \$5,000 applies for EMDR coverage

Do you wish to purchase additional coverage for your activities as an Exempt Market Dealer Representative? Yes No
(Complete i to iv) (Proceed to I)

i)Please indicate the year you began the sale/service of Exempt Market Products: _____

ii)I hold a valid registration as an Exempt Market Dealer Representative: Yes No

iii) I am able to sell/service Exempt Market Products through the Northwestern Exemption Agreement: Yes No

iv) Name of Sponsoring Exempt Market Dealer: _____

I Please answer ALL of the following Questions:

1. Are you licensed or providing Professional Services in the United States? Yes No
2. Has an Insurance Company cancelled or denied you any Professional Liability Insurance? Yes No
If Yes, attach details.
3. Have you or an Employee been convicted of a dishonest or fraudulent act? Yes No
If Yes, attach details.
4. Have you or an Employee been found guilty of any Federal or Provincial Insurance or Security law/regulation? Yes No
If Yes, attach details.
5. Have you had your license (Life, MFDA, IIROC, EMDA, etc.) revoked or suspended in any Province over the past 3 years: **If Yes, attach details.** Yes No
6. Have you or any of your Employees received formal allegations of Professional Negligence/Misconduct, in the last 3 years, in connection with Professional Services performed? **If Yes, attach details.** Yes No
7. Have any Claim(s) been made against you or your Employees at any time in the past 3 years? **If Yes, attach details.** Yes No
8. Are you or your Employees cognizant of any fact, circumstance or situation which they believe could give rise to a future Claim(s)? **If Yes, attach details.** Yes No

Without prejudice to any other rights and remedies of the Insurer, the **Insured(s)** agree that if any suit, fact, circumstance or situation exists of which any **Insured(s)** has knowledge as of the date of this Application, then any notice, claim or action arising from such fact, circumstance or situation is excluded from the proposed insurance made available by way of this Application for any **Insured(s)** who possessed such knowledge as of the date of this Application. This Application shall be construed as a separate application for coverage submitted by each **Insured(s)** and no declaration or statement made in this Application or no knowledge possessed by any **Insured(s)** shall be imputed to any other **Insured(s)** in order to determine if coverage is available.

J Please specify your current/previous professional liability insurance carrier: _____

Policy/Certificate number _____ Date of Expiry: _____
(MM/DD/YY)

NEW - PRIVACY & NETWORK SECURITY BREACH RESPONSE INSURANCE - OPTIONAL

COVERAGE DETAILS:

- Coverage A: Network Security and Privacy Liability Coverage - \$100,000 Per Claim / Aggregate
- Coverage B: Network Security Event Crisis Management Expense - \$50,000 Per Claim / Aggregate
- Coverage C: Regulatory Action Coverage - \$50,000 Per Claim / Aggregate
- Coverage D: Computer System Extortion Expense and Loss Coverage \$50,000 Per Claim / Aggregate

DEDUCTIBLE: \$5,000 Per Claim, with the exception of coverage D to which no Deductible applies

PREMIUM: \$50 Flat

Do you wish to purchase additional coverage for Privacy & Network Security Breach Response Insurance? Yes No
(Complete K to S)

Information Requested for Coverage:

K Do you have a business website? Yes (Proceed to L) No (Proceed to M)

L 1. What is your web address? _____

2. Do you manage your website yourself, or is this done by a 3rd party? My Self 3rd Party

3. What security measures, if any, are used on your website to prevent unauthorized access? Check all that apply:

Antivirus software <input type="checkbox"/>	Password protected <input type="checkbox"/>	Firewall <input type="checkbox"/>	Regular system scans/backups <input type="checkbox"/>
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M What kind of antivirus software do you use on your business computers? _____

N Do you transmit any confidential information (credit card, medical, financial, etc) to outside providers or a central computer system? Yes No Not Sure

O What type of data do you store on your computer or computer system (desktop PC, notebook, mobile device, etc)? Check all that apply:

Medical data <input type="checkbox"/>	Customer information <input type="checkbox"/>	Credit card/bank account information <input type="checkbox"/>	Trade secrets <input type="checkbox"/>	Intellectual property assets <input type="checkbox"/>
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P How often do you back up the data that is stored on your computer or computer system?

Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	Not Sure <input type="checkbox"/>
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Q Do you store a copy of your back up off site? Yes No

R Have you or your business experienced a theft or unintended release of private or personal information in the last 3 years? Yes No
(Proceed to S)

S Describe the event, and the corrective action taken as a result of the event _____

collect, use, and disclose personal information and provide such personal information to third parties, as required for the purpose of underwriting this application for insurance and for the purposes of making payment in respect of any claims, as permitted by the relevant provincial and federal privacy laws or other applicable laws. I understand that at any time I may ask to review the personal information pertaining to my application for insurance and the insurer and broker will be obligated to provide me with any information I am entitled to receive under the relevant provincial and federal privacy laws or other applicable laws.

Promissory Note: IFB has negotiated this Errors and Omissions insurance coverage on behalf of its members and so IFB membership is a requirement to gain access and maintain eligibility for the coverage terms offered under this insurance program. The applicant hereby promises to maintain this eligibility and agrees that if his/her IFB membership is not renewed or is cancelled at any time during the forthcoming policy period he/she promises to pay an additional Ineligible Applicant Premium charge of \$275.00, which will become immediately payable, to maintain coverage under the policy. The applicant further acknowledges and agrees that his/her failure to remit the additional Ineligible Applicant Premium charge of \$275.00 will result in AXIS Reinsurance Company having the right to cancel the policy by providing fifteen (15) days notice of cancellation for non payment of premium as per the conditions of the policy.

The undersigned Applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this statement changes between the date of this statement and the effective date of the insurance, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing of this Application does not bind the Applicant or the Insurer to complete the insurance contract, but it is agreed that this statement shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof.

Date (MM/DD/YY)	Signature	Print Name
Please submit applications to:	Independent Financial Brokers (IFB) 306-30 Eglinton Ave. West Mississauga ON L5R 3E7 1-888-654-3333 Fax: 1-888-424-2359 For fastest service, renew online at www.ifbc.ca !	

Calculate your premium:

Base E&O Insurance premium	\$
Optional EMDR E&O insurance coverage	\$
Optional Privacy & Network Security Breach Response Coverage - flat premium - \$50	\$
Sub-total	\$
Ontario residents, add 8% premium tax; Quebec residents add 9% premium tax	\$
Add \$15 processing charge if paying by Credit Card, Cheque, Money Order or Premium Financing	\$
TOTAL PAYABLE	\$

How are you paying?:

Internet/Telephone Banking – no processing charge (call 905-279-2727/1-888-654-3333 for acct. number)

Cheque* payable to **Independent Financial Brokers**

Premium Financing* (OAC). A contract will be emailed to you that must be completed and returned before your application can be processed. Premium financing is offered by a third party finance company and is subject to interest charges.

Visa* Mastercard* (provide credit card information below)

***NOTE:** Payment by cheque/MO, premium financing or credit card is subject to a **processing charge of \$15**

Card Number: _____ Expiry Date (MM/YY) _____

Signature of cardholder _____ Print Name _____