

**Independent Financial Brokers of Canada  
Members Errors and Omissions Insurance Application  
For Life Agents and Mutual Fund Agents  
Personal Professional General Agency Application**



**Note: IFB Membership must be maintained while Errors and Omissions policy is in force**

1. Name of Applicant : \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number Street Name Apartment / Suite Number

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Date Coverage to be Effective: \_\_\_\_\_ (MM/DD/YYYY)

3. **If you meet the requirements below**, your Corporate Name can be shown on your E&O Certificate.

Part A – NAME of your corporation : \_\_\_\_\_

Part B – OWNERSHIP (please check the box that applies to you):

- The corporation is solely owned by the applicant and the applicant is the sole licensed producer, OR
- The corporation is owned by the applicant and immediate family members and:
  - i) If the shareholders are licensed, they are the only licensed producers, and all are covered under the IFBC Errors and Omissions insurance plan, or
  - ii) the shareholders are non-licensed employees of the applicant

Part C – EMPLOYEES

1) NON-LICENSED EMPLOYEES (please check the box that applies to you):

- The corporation does not have any non-licensed employees, OR
- The corporation has no more than one non-licensed employee OTHER THAN the shareholders of the corporation (if applicable)

Number of Non-Licensed Employees : \_\_\_\_\_

2) LICENSED EMPLOYEES / LICENSED INDIVIDUALS–

Do you have any licensed employees? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide number of Licensed Employees : \_\_\_\_\_

Do you have any licensed contract individuals? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide number of Licensed Contract Individuals : \_\_\_\_\_

Do you have any licensed individuals other than the shareholders transacting business for your corporation.? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide number of Licensed Individuals : \_\_\_\_\_

**NOTE: Should you have any licensed employees/ contract licensed individuals / licensed individuals your Corporate Name cannot be shown on your E&O Certificate.**

Part D – SHAREHOLDER INFORMATION:

Name of shareholder:	Licensed (Y/N):	Relation to applicant:	Shares Held %:

The application must be signed in ink.

Applicant's Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_