

## APPLICATION FOR MORTGAGE BROKERS – ERRORS & OMISSIONS INSURANCE

### Pro-Form Insurance Services (B.C.) Inc.

**APPLICANT:**

1. Name of Applicant (Legal Registered Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

2. Business Entity Structure:  Individual  Partnership  Corporation  Trust Date Established: \_\_\_\_\_

3. Number of Office Locations: \_\_\_\_\_

4. Which provincial jurisdictions are you licensed to Operate in Canada: \_\_\_\_\_

5. Predecessor Firms – List of all former mortgage brokerage practices, firms, names purchased or dissolved where the Applicant is responsible for maintaining in force the professional liability insurance and requires coverage. If the firm is not listed here, no coverage will be extended or afforded.

Name of Firm	Date Established	Dated Ceased to Operate

6. Please provide the names of all **REGISTERED AND / OR LICENSED MORTGAGE BROKERS OR AGENTS** associated with the firm. (Please attach separate list if necessary)

Name of Broker / Adviser	Broker License Number	Years in Practice	Member of Association
			<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

**BUSINESS OPERATIONS:**

7. Gross Revenues, Fees and commissions from all the firm’s operations last year: \_\_\_\_\_

8. Projected gross revenues, fees and commissions from all the firm’s operations this coming year: \_\_\_\_\_

9. Please provide the largest 2 deals in mortgaged dollars placed by your office within each year:

2013 a) _____	2012 a) _____	2011 a) _____
b) _____	b) _____	b) _____

10. Is the applicant or any mortgage broker/agent involved in any other licensed activated other than mortgage broker activities? (Ex. Real Estate, Lawyer, Tax Advisor, and Life Insurance)  YES  NO

If yes, please provide details: \_\_\_\_\_

11. Is the applicant or any mortgage broker/agent involved in any operations outside of Canada?  
 If yes, please be advised that the policy excludes any operations outside of Canada.  YES  NO

12. Please indicate the approximate percentage of business revenues derived from the following classes:

Class	% of Total Business
Mortgage Broker	%
Mortgage Administrator	%
Mortgage Syndicator	%
Other, please specify	%
Total:	100%

13. Please indicate the approximate percentage of business revenues derived from the following activities;

Class	% of Total Business
Residential Mortgage	%
Commercial or Industrial Mortgages	%
Construction / Mortgages Development	%
Other, please specify	%
Total:	100%

14. Please indicate the approximate percentage of business revenues derived from the following lenders:

Lenders	% of Total Revenue
Mortgages placed with Institutional Lenders	%
Mortgages placed with Private Lenders	%
Mortgages placed with MIC's	%
Mortgages placed with Mortgage Syndicators	%
Mortgages funded 'In-House' with Own and/or Related Company Funds	%
Other, please specify	%
Total:	100%

15. Does the applicant have a trust account?  YES  NO  
 If yes, how many trust accounts are there? \_\_\_\_\_

16. Is the applicant or any employee involved in lending their own funds on mortgages?  YES  NO  
**If yes, please be advised this policy does not cover lending operations.**

17. Does the applicant or any employee have authority to fund mortgages on behalf of a lender?  YES  NO  
 If yes, please provide details on separate sheet including lender's name(s) and revenues generated.

18. Does the applicant act as a fund manager for a Mortgage Investment Corporation (MIC)?  YES  NO  
 If yes, please provide additional information: \_\_\_\_\_

19. Do you have private lenders sign Investor Disclosure Statement in all instances?  YES  NO  
 Do you have private lenders sign Lender Commitment Letters in all instances?  YES  NO  
 If you answered **NO** to either of the above questions, in what instances are such agreements not used?  
 \_\_\_\_\_

20. Do you have borrows sign Borrower Discloser Statements on all private mortgage transactions?  YES  NO  
 Do you have borrows sign Lender Commitment Letters on all private mortgage transactions?  YES  NO  
 If you answered **NO** to either of above questions, in what instances are such agreements not used?  
 \_\_\_\_\_

**CLAIMS:**

21. Are you, your employees or any of your associates aware of any circumstance, allegation, contention or incident which may potentially result in a claim for an error or omission in the performance of a professional service being made against your entity, you, any mortgage broker or associate or employee present or past associated or working with your entity?  YES  NO

**If yes, please attach an additional page with full details including the date of the claim or allegations.**

22. Have there been any E&O losses paid or outstanding in the last 5 years against the brokerage, the broker or any employees' associate of the company?

YES  NO

If yes, please provide all details of these claims (attach a separate sheet if needed), including the total amount paid:

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23. Have you or any of the Mortgage Brokers or Associates, Agents / Employees under the applicant:

- i) Had their license suspended or terminated by a regulatory authority?  YES  NO
- ii) Ever been called before an investigative committee for disciplinary proceedings for professional misconduct by a professional society / board or any statutory registration board?  YES  NO
- iii) Been censured or fined by a regulatory authority?  YES  NO
- iv) Ever been the recipient of any allegations of fraud or ever been investigated for or implicated in fraud? YES / NO

**If you answered yes to any of the above 4 questions, please attach an additional page with full details including dates.**

**PREVIOUS INSURANCE:**

24. Has the Applicant / Company carried Errors and Omissions Insurance in the past 5 years?  YES  NO

Insurer	Term	Limit	Premium	Retroactive Date

**E&O COVERAGE REQUIRED:**

Coverage	Limit of Coverage	Deductible
ERRORS & OMISSIONS:	<input type="checkbox"/> \$1,000,000 per claim / \$2,000,000 per aggregate <input type="checkbox"/> \$2,000,000 per claim / \$4,000,000 per aggregate <input type="checkbox"/> \$3,000,000 per claim / \$6,000,000 per aggregate <input type="checkbox"/> \$4,000,000 per claim / \$8,000,000 per aggregate <input type="checkbox"/> \$5,000,000 per claim / \$10,000,000 per aggregate	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

**OPTIONAL CGL COVERAGE IF REQUIRED:**

25. Number of Employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

26. Are all Employees covered by W.C.B?  YES  NO

If no, please explain: \_\_\_\_\_

27. Have you ever brought a claim or suit against another party?  YES  NO

If yes, please describe: \_\_\_\_\_

28. Please attach a list of all CGL claims, disputes, suites or allegations made during the past 5 years against the applicant or any employee, partner or associate?

Coverage	Limit Required	Deductible
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> \$1,000,000 per claim / \$1,000,000 per aggregate <input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 per aggregate <input type="checkbox"/> \$5,000,000 per claim / \$5,000,000 per aggregate	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
SPF6 – STANDARD NOA	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	

**OPTION PROPERTY COVERAGE IF REQUIRED:**

29. Location to be insured: \_\_\_\_\_

30. Distance to Hydrant: \_\_\_\_\_ Distance to responding fire department: \_\_\_\_\_

31. Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Building Construction Type: \_\_\_\_\_

32. Heating:  Gas  Electric  Oil Other: \_\_\_\_\_ Electrical: 100amp breakers: \_\_\_\_\_ Fuses: \_\_\_\_\_

33. Updates to above (include date of updates to each): \_\_\_\_\_

34. Occupancy: 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> Floor: \_\_\_\_\_

35. Burglary Alarm:  YES  NO    Monitored:  YES  NO    Sprinklered:  YES  NO

Coverage	Limit Required	Deductible
Building Coverage		
Content		
Miscellaneous Property Floater - Computer Equipment (incl. Laptop) - Tools - Portable Equipment		
Profits		
Extra Expense		
Crime Limit		
Employee Dishonesty Limit		
Earthquake		10%
Flood Coverage		\$10,000

The Applicant declares that the above statements and particulars are true and that the Applicant has not omitted or suppressed or misstated any material facts and that, at the present time the Applicant has no reason to anticipate any claim being brought against them for any act, errors or omission on the part of them or of any Insured (other than as described herein). The Applicant certifies that this declaration is made after full enquiry and on behalf of all licensed entities listed in this Application. The Applicant agrees that this Application shall be the basis of any policy of Insurance which may be issued by the Company and shall be deemed a part thereof.

Applicant's Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

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

Brokerage: \_\_\_\_\_ Broker Name: \_\_\_\_\_

Broker Email: \_\_\_\_\_ Broker Phone: \_\_\_\_\_