

Restricted Insurance Agents Questions

Please note: This is an Annual Insurance program that has a common effective/renewal date of April 1, each year. If you purchase a policy before or after April 1, there are no prorated premium calculations. The full annual program premium will be charged. No Refunds are permitted; the premium is minimum retained.

1. Name of Applicant: _____
 Address _____
 City: _____ Province: _____ Postal Code: _____
 Email Address: _____ Phone Number: _____

2. Applicant is **Sole Proprietor** **Corporation Partnership**

3. Insurance Council of:
 Alberta Insurance Council
 Insurance Council of Saskatchewan
 Insurance Council of Manitoba
 Insurance Council of New Brunswick

4. Nature of Operations
Class 1
 - Automobile, Watercraft, Recreation Vehicles, or Farm Implement Dealership
Class 2
 - Customs Brokerage, Freight Forwarder, Funeral Director, Travel Agency
Class 3
 - Deposit Taking Institution, Mortgage Broker

5. Do you sell Guaranteed Asset Protection (“GAP”) Insurance? NO YES

6. Confirm the number of employees offering insurance products, including GAP Insurance Products:

Up to 5 6-10

7. This is an Occurrence Base policy. The following limits are available:

Per Occurrence:	Aggregate:	Please Indicate your choice:
\$1,000,000	\$2,000,000	<input type="checkbox"/>
\$2,000,000	\$2,000,000	<input type="checkbox"/>

COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS MINIMUM AND RETAINED.

Westland MyGroup

4-201 Brownlow Avenue Dartmouth, NS B3B 1W2
 westlandmygroup.ca
 T: 1-844-999-7687 ext. 2175

F: 1-866-966-0969
 commercialprograms@mygroup.ca

8. Provide details of all Errors and Omissions or Professional Liability Insurance carried in the past three years:

Insurer:	Period:	Limit:	Deductible:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Has any insurance been refused or cancelled in the past five years?

No Yes If yes, please attach details.

10. Has the Applicant, or any of the Applicant’s employees, ever been investigated by, or suspended from practice by, any governing body of his/her profession?

No Yes If yes, please attach details.

11. Does the Applicant or any other person proposed for this insurance have knowledge or information of any claim, demand, occurrence, suit or proceeding which has been made or is pending against any insured proposed for coverage under the proposed insurance?

No Yes If yes, please attach details.

12. Have there been any suits, claims, occurrences (including allegations) made against the Applicant or any other person proposed for this insurance in the last five years?

No Yes If yes, please attach details.

The applicant does hereby provide the following warranty to the insurer

Does the applicant, any of the Applicant’s employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation, which could reasonably give rise to a claim which would fall within the scope of the proposed insurance?

No Yes

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DECLARATION

The undersigned declares that all statements made in the Application and the information contained in documents submitted with it is true. It is agreed that the Application shall be the basis of the insurance contract. My signature below authorizes my broker and/or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I also understand that the premium is fully earned, and therefore, cancellation will not entitle me to a refund.

Signature

Dated

Payment options: **VISA** or **MASTERCARD** only

Total to be applied to credit card*: \$_____

**Plus applicable taxes where taxes apply. Manitoba - 7%, and Saskatchewan - 6%*

Credit card number: _____

Expiry date: _____ (mm/yy)

Name on card (please print): _____

Signature: _____

**** If submitting electronically, you are agreeing to debit your credit card for the amount indicated on this application.*

**Please email this application to commercialprograms@mygroup.ca or fax to 1-866-966-0969
If you have any questions, please call us at 1-844-999-7687 ext. 2175. Your policy documents will follow shortly.
Thanks for your business!**

I would like to receive additional insurance information that may benefit me and/or my business.

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