

**Ed.04/15 IFB MEMBERS PROFESSIONAL LIABILITY APPLICATION FOR ADVISORS - RENEWAL**

**THIS IS AN APPLICATION FOR E&O INSURANCE WHICH COVERS LIFE/A&S LICENSED AND/OR MUTUAL FUND REGISTERED AND/OR EXEMPT MARKET DEALER REGISTERED 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: \_\_\_\_\_

**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

**C Select Licenses/Registrations held which fall under the scope of the IFB program. Please answer "Yes" or "No" to each of the following Licenses/Registrations:**

**Life and/or A&S** Yes  No

Provinces in which you are Life and/or A&S licensed:

<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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**Mutual Funds** Yes  No

**EMDR** Yes  No

**D** Do you require your Personal Corporation added to your certificate of insurance?  Yes (Complete i & ii)  No (proceed to E)

i) Name of Personal Corporation: \_\_\_\_\_

ii) **Please Note:** Personal Corporations may be covered as an insured under the policy, however, some provincial regulators require a separate limit of insurance for licensed personal corporations. Depending on the requirements in your jurisdiction, adding your personal corporation name to your individual certificate may not be sufficient for compliance. For the purposes of this policy, Personal Corporations are defined below. If you are in doubt about the regulations that apply to you, please check with your provincial regulator.

**Personal Corporation** means a corporation owned solely by the Insured Individual, or by the Insured Individual and any non-licensed immediate family member, employs no more than one person (unlicensed) and is incorporated for the purpose of limiting personal liability, including tax liability.

Your <b>Personal Corporation</b> can be listed on your E&O certificate if you meet the following requirements:		Your <b>Personal Corporation</b> cannot be listed if any of the answers in this column apply to you*.	
1. a) The corporation is solely owned by the applicant or jointly by the applicant and <i>unlicensed</i> immediate family members , OR	<input type="checkbox"/>	None of the options at left apply to me*. Please proceed to question E	<input type="checkbox"/>
b) The applicant is the sole licensed individual	<input type="checkbox"/>		
2. <u>Non-licensed Employees:</u> Other than the applicant, the corporation has no more than 1 employee, and that employee is not licensed.	<input type="checkbox"/>	In addition to the applicant, the corporation has 2 or more unlicensed employees*. Please proceed to question E	<input type="checkbox"/>
3. <u>Other Licensed Individuals:</u> The Corporation does not, nor has it ever, accepted business from any other licensed individual(s)	<input type="checkbox"/>	The Corporation currently accepts business from other licensed individuals, or has in the past accepted business from other licensed individuals*. Please proceed to question E	<input type="checkbox"/>

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

**E Firms Name(s) – Vicarious Liability Only (For firms with whom you are contracted to do business):**

Please lists any firm(s) with which you are contracted to do business that requires their name to be shown on your certificate of insurance (for vicarious liability coverage): \_\_\_\_\_

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

- \$250,000 per Claim/\$250,000 Aggregate --- Premium of **\$500.00**

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 \$25,000 applies for EMDR coverage

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

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: \_\_\_\_\_

**G Please answer ALL of the following Questions:**

1. Are you licensed or providing Professional Services in the United States?  Yes  No  
**If Yes, attach details**
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 since July 1, 2014?:  Yes  No  
**If Yes, attach details.**
6. Have you or any of your Employees received formal allegations of Professional Negligence/Misconduct since July 1, 2014, in connection with Professional Services performed?  Yes  No  
**If Yes, attach details.**
7. Have any Claim(s) been made against you or your Employees since July 1, 2014? (Any claims already reported between the date of your last application and today must be included)  Yes  No  
**If Yes, attach details.**
8. Are you or your Employees aware of any fact, circumstance or situation since July 1, 2014 which could give rise to a future Claim(s)? (Any new situation and any situation already reported since the date of your last application and today must be included)  Yes  No  
**If Yes, attach details.**

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.

## 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, where applicable.

**PREMIUM:** \$50 Flat

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

**Information Requested for Coverage:**

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

**K** 1. What is your web address? \_\_\_\_\_

2. Do you manage your website yourself, or is this done by a 3<sup>rd</sup> party?  My Self  3<sup>rd</sup> 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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**L** What kind of antivirus software do you use on your business computers? \_\_\_\_\_

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

**N** 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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**O** 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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**P** Do you store a copy of your back up off site?  Yes  No

**Q** 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 R)

**R** Describe the event, and the corrective action taken as a result of the event \_\_\_\_\_

Privacy Disclosure: As part of my application for insurance I consent to the collection and use of personal information required for purposes of considering my application for errors and omissions insurance by the insurer AXIS Reinsurance Company, the authorized insurance broker, The Magnes Group Inc and the plan sponsor Independent Financial Brokers of Canada (IFB). The insurer, the broker and IFB are authorized to 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.

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.

I hereby confirm my consent that the policy and any correspondence pertaining to this insurance be issued in the English language

I hereby confirm my request to have my policy documents through the IFB program sent to me electronically. This arrangement will stay in effect until I issue instructions to the contrary. I acknowledge that email is not a secure medium of communication. Although unlikely, there is the possibility that confidentiality through this medium may be compromised.

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.

<b>Date (MM/DD/YY)</b>	<b>Signature</b>	<b>Print Name</b>
Please submit applications to:	Independent Financial Brokers (IFB) 740-30 Eglinton Ave. West Mississauga ON L5R 3E7 1-888-654-3333 Fax: 1-888-424-2359 For fastest service, renew online at <a href="http://www.ifbc.ca">www.ifbc.ca</a> !	

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	\$
Manitoba and Ontario residents, add 8% premium tax; Quebec residents add 9% premium tax	\$
<b>Add \$15 processing charge if paying by Cheque or Premium Financing</b>	\$
<b>TOTAL PAYABLE</b>	<b>\$</b>

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 or premium financing is subject to a **processing charge of \$15**

Card Number: \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Print Name \_\_\_\_\_