



AXIS REINSURANCE COMPANY (CANADIAN BRANCH)
Administrative Office – 70 York Street, Suite 1010, Toronto, Ontario M5J1S9
Telephone 416.361.7200 | Fax 416.361.7225

FINANCIAL SERVICES PROFESSIONAL LIABILITY APPLICATION

1. This application form and all materials attached to and submitted with it shall be held in confidence.
2. The Applicant's submission of this application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
3. Terms appearing in bold face in this application are defined in the Policy.
4. The term "Applicant" herein refers to the proposed **Parent Company**, unless otherwise indicated.

CLAIMS MADE NOTICE:

CERTAIN COVERAGE PARTS OF THE POLICY FOR WHICH THE APPLICANT IS APPLYING PROVIDE COVERAGE ON A CLAIMS-MADE BASIS, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, OR A CLAIMS-MADE AND REPORTED BASIS, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY.

DEFENSE COSTS WITHIN LIMIT NOTICE:

CERTAIN COVERAGE PARTS OF THE POLICY FOR WHICH THE APPLICANT IS APPLYING PROVIDE THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE COSTS, AND IN THE EVENT SUCH LIMITS OF LIABILITY ARE EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER OBLIGATION FOR ANY LOSS UNDER THE POLICY. PLEASE READ THE POLICY CAREFULLY.

APPLICATION FORMS PART OF POLICY

The statements and answers made in this application form, including all materials submitted with and attached to this application form, and all information provided or made available by the Applicant to the Insurer in connection with the underwriting of the proposed insurance, shall constitute the Application. If the policy applied for is issued, the **Application** will be deemed attached to and will form a part of the policy.

INSTRUCTIONS:

1. Please complete this application form, including all applicable appendices, and answer all questions and submit all requested information. If space is insufficient, continue answers on the Applicant's letterhead.
2. This application must be signed and dated by the Applicant's president, chief executive officer, chief financial officer, in-house general counsel, or their functional equivalent.

THANK YOU FOR TAKING THE TIME TO PROVIDE US WITH ACCURATE INFORMATION.



UNDERWRITING INFORMATION: GENERAL

1. Applicant: _____
2. Address: _____
3. Website: _____
4. Date Est: _____
5. No. of Employees: _____
6. No. of Agents: _____

UNDERWRITING INFORMATION: PROFESSIONAL SERVICES

7. Describe the professional services provided by the Applicant:

	<i>Revenue:</i>	<i>Coverage Requested?</i>	
Sale of life insurance, accident and sickness insurance, segregated funds, life annuities, disability insurance and critical illness insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale of mutual fund products (MFDA registration)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale of exempt market securities (NI 45-106)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale of debt or equity securities (IIROC registration)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

UNDERWRITING INFORMATION: ADDITIONAL RISK INFORMATION

8. Does the Applicant provide any third party claims adjudication services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. Does the Applicant provide any actuarial services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10. Does the Applicant accept referral fee revenue without disclosing to their client?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. Are revenues generated through referral fee arrangements > 25% total revenue?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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UNDERWRITING INFORMATION: GEOGRAPHY

12. Where does the Applicant provide professional services?

<input type="checkbox"/> AB	<input type="checkbox"/> BC	<input type="checkbox"/> MB	<input type="checkbox"/> NB	<input type="checkbox"/> NL	<input type="checkbox"/> NS	<input type="checkbox"/> NT	<input type="checkbox"/> NU	<input type="checkbox"/> ON	<input type="checkbox"/> PE	<input type="checkbox"/> QC	<input type="checkbox"/> SK	<input type="checkbox"/> YT
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13. List all **subsidiaries** which hold a separate license to sell life insurance products:

<Subsidiary 1 Name>	<Province>
<Subsidiary 2 Name>	<Province>
<Subsidiary 3 Name>	<Province>
<Subsidiary 4 Name>	<Province>

14. Describe any professional services provided outside of Canada?
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UNDERWRITING INFORMATION: TRANSACTION

15. Has the Applicant in the past thirty-six (36) months completed or agreed to, or does it contemplate within the next twelve (12) months, any merger, acquisition or consolidation transaction with another entity?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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UNDERWRITING INFORMATION: HISTORY AND CLAIMS

16. Has the Applicant previously been cancelled or non-renewed for Professional Liability Insurance?
17. Has any claim been made against or loss paid on behalf of any proposed **Insured**?
18. Has any proposed **Insured** given written notice under any prior or current insurance policy of specific facts or circumstances which might give rise to a **Claim** under this proposed insurance?
19. Is any proposed **Insured** aware of any inquiry, investigation, communication fact, circumstance, situation, or **Wrongful Act** that might give rise to a **Claim** under the proposed insurance?

<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

IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED "YES", PLEASE ATTACH FULL DETAILS



DECLARATIONS: The undersigned authorized officer of the Applicant, on behalf of the Applicant declares:

1. All statements and answers made in this application form, including any attachments to this application, and the information provided or made available by the Applicant to the Insurer in connection with the underwriting of the proposed insurance are true, accurate, and complete
2. Other than indicated in Question 28 above, no proposed **Insured** is aware of any fact, circumstance, situation, or **Wrongful Act** that could give rise to a **Claim** under the proposed insurance. The Applicant understands that, without prejudice to any other rights or remedies of the Insurer, if any proposed **Insured** has such knowledge, whether or not disclosed, then any **Claim** arising from such fact, circumstance, situation, or **Wrongful Act** is excluded from coverage.
3. The Applicant will report to the Insurer immediately, in writing, any material change in the Applicant's operations, condition, or answers provided in this application form that occur or are discovered between the date of this application form and the effective date of any policy, if issued. The Insurer reserves the right to modify or withdraw any proposal for insurance the Insurer has offered if such a material change occurs.

Name (please type or print)

Signature

Title (President, CEO, CFO or GC)

Date