



LIFE & MUTUAL FUND AGENTS SUPPLEMENT
 Forming part of the Professional Liability Application

_____ Name of Applicant

List the Province(s) in which you are licensed to transact business:

Provide the Life/Life and Accident & Sickness Insurance License number _____ License Number

Provide the number of years you are Licensed _____ Years

Provide the Mutual Fund License number: _____ License Number

Provide the numbers of years you are licensed: _____ Years

Provide the number of Mutual Fund Dealers that you are registered with: _____ Dealers

Provide the percentage of your gross premium and the volume written from the last fiscal year period attributable to the following:

Individual Life Products

Life	_____ Percentage	_____ Dollar Amount
Disability / Critical Illness	_____ Percentage	_____ Dollar Amount
Long Term Care	_____ Percentage	_____ Dollar Amount
Accident & Sickness	_____ Percentage	_____ Dollar Amount
GICs	_____ Percentage	_____ Dollar Amount

Group Employee Benefits

Life	_____ Percentage	_____ Dollar Amount
Health and Dental	_____ Percentage	_____ Dollar Amount
Pensions	_____ Percentage	_____ Dollar Amount
Group RRSPs	_____ Percentage	_____ Dollar Amount

**PERCENTAGE TOTAL
 should equal 100%**

Financial Products

Mutual Funds	_____ Percentage	_____ Dollar Amount
Segregated Funds	_____ Percentage	_____ Dollar Amount
Fee for Service Planning	_____ Percentage	_____ Dollar Amount
Other _____ Describe _____	_____ Percentage	_____ Dollar Amount



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If commission sales persons and/or sub brokers are to be included as additional named insured, provide the names(s) and annual gross premium volume:

Has the Applicant or any Owner, Officer or partner been subject to any insurance authorities disciplinary action? Yes No

If Yes, Provide details

How long do you keep your customers information/documentation on file? _____
Year

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |