

# Advocis Protective Association E&O Plan

Application for Professional Liability Insurance – Coverage D



## Coverage D – Licensed Administrative Assistant

**Notice: If issued, the policy will be on a Claims Made basis (see Part 6 – Applicant’s Acknowledgements), and will be issued in reliance of the completeness and accuracy of the disclosures and statements in this application.**

### Part 1A – Contact Information

First Name	Middle Initial	
Last Name		
Mailing Address		
City	Province	Postal Code
Work Telephone	Fax	
Home Telephone	E-mail	
Advocis Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Advocis Membership No.	

### Part 1B – Additional Applicant Information

(1) I am a licensed assistant to:

Name	APA Plan Certificate No.
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(2) If you assist more than one person, please list them, as well as their APA Plan Certificate numbers:

Name	APA Plan Certificate No.

(3) If the agent(s) you are working with is (are) contracted with a firm that participates in the Advocis Corporate Partnership/Corporate Sponsorship Program, please specify which firm:

	Promotion Code
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(4) Please list any firm(s) below which you are required to list on your Certificate of Insurance (for vicarious liability coverage):

	<input type="checkbox"/> Mutual Fund dealer <input type="checkbox"/> MGA/AGA <input type="checkbox"/> Life Ins. Co. <input type="checkbox"/> Life Agency
	<input type="checkbox"/> Mutual Fund dealer <input type="checkbox"/> MGA/AGA <input type="checkbox"/> Life Ins. Co. <input type="checkbox"/> Life Agency

(5) Have you attended an Advocis Loss Control/Protect Your Practice Seminar in the past three years?  Yes  No  
*(If yes, please attach a copy of your certificate)* Seminar Date: (dd-mm-yy) \_\_\_\_\_

(6) Are you applying for a new policy under the APA E&O Plan, or is this a renewal?  New  Renewal

(7) If this is an APA E&O Plan renewal, please state your APA policy expiry date: (dd-mm-yy) \_\_\_\_\_

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(8) (a) If you have insurance elsewhere, please state your current policy expiry date: (dd-mm-yy) \_\_\_\_\_

**(Note: coverage will not be backdated)**

(b) Please state your current insurer: \_\_\_\_\_

(9) Or, if no policy exists, please indicate desired effective date of new APA E&O Policy: (dd-mm-yy) \_\_\_\_\_

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.

## Part 2 – Income, Licensing and Declarations

Total Annual Earnings: \$ \_\_\_\_\_

Product	Please indicate where you are licensed:							
Life Insurance Licensed since: (year) _____	<input type="checkbox"/> ON	<input type="checkbox"/> SK	<input type="checkbox"/> MB <input type="checkbox"/> QC	<input type="checkbox"/> NB <input type="checkbox"/> NS	<input type="checkbox"/> PEI <input type="checkbox"/> NL	<input type="checkbox"/> AB <input type="checkbox"/> BC	<input type="checkbox"/> NU <input type="checkbox"/> YT	<input type="checkbox"/> NWT
Mutual Funds Licensed since: (year) _____	<input type="checkbox"/> ON	<input type="checkbox"/> SK	<input type="checkbox"/> MB <input type="checkbox"/> QC	<input type="checkbox"/> NB <input type="checkbox"/> NS	<input type="checkbox"/> PEI <input type="checkbox"/> NL	<input type="checkbox"/> AB <input type="checkbox"/> BC	<input type="checkbox"/> NU <input type="checkbox"/> YT	<input type="checkbox"/> NWT
Accident and Sickness Licensed since: (year) _____	<input type="checkbox"/> ON	<input type="checkbox"/> SK	<input type="checkbox"/> MB <input type="checkbox"/> QC	<input type="checkbox"/> NB <input type="checkbox"/> NS	<input type="checkbox"/> PEI <input type="checkbox"/> NL	<input type="checkbox"/> AB <input type="checkbox"/> BC	<input type="checkbox"/> NU <input type="checkbox"/> YT	<input type="checkbox"/> NWT
Other								
Securities Licensed since: (year) _____	<input type="checkbox"/> ON	<input type="checkbox"/> SK	<input type="checkbox"/> MB <input type="checkbox"/> QC	<input type="checkbox"/> NB <input type="checkbox"/> NS	<input type="checkbox"/> PEI <input type="checkbox"/> NL	<input type="checkbox"/> AB <input type="checkbox"/> BC	<input type="checkbox"/> NU <input type="checkbox"/> YT	<input type="checkbox"/> NWT
Income Tax Preparation Years of Experience: _____	<input type="checkbox"/> ON	<input type="checkbox"/> SK	<input type="checkbox"/> MB <input type="checkbox"/> QC	<input type="checkbox"/> NB <input type="checkbox"/> NS	<input type="checkbox"/> PEI <input type="checkbox"/> NL	<input type="checkbox"/> AB <input type="checkbox"/> BC	<input type="checkbox"/> NU <input type="checkbox"/> YT	<input type="checkbox"/> NWT
Other Years of Experience: _____	<input type="checkbox"/> ON	<input type="checkbox"/> SK	<input type="checkbox"/> MB <input type="checkbox"/> QC	<input type="checkbox"/> NB <input type="checkbox"/> NS	<input type="checkbox"/> PEI <input type="checkbox"/> NL	<input type="checkbox"/> AB <input type="checkbox"/> BC	<input type="checkbox"/> NU <input type="checkbox"/> YT	<input type="checkbox"/> NWT

## Declarations

**Please note, if you respond Yes to any of the following questions (1 through 9), you MUST attach details with this application.**

- (1) Do you provide verbal/written advice to clients?  Yes  No
- (2) Do you sell or service products to clients?  Yes  No
- (3) Do you sign any policy or endorsement documentation?  Yes  No
- (4) Do you have your own book of business?  Yes  No
- (5) Have you ever owned your own book of business?  Yes  No
- (6) Do you plan to own a book of business in the future?  Yes  No
- (7) Do you have discretionary control over client transactions?  Yes  No
- (8) Do you receive questions directly?  Yes  No
- (9) In the last five years, have you been the recipient of any allegations of professional negligence in writing or verbally? If yes, please explain using an additional sheet.  Yes  No

**Note: if you have answered Yes to questions #1-8, you must apply for full coverage.**

List of Duties and Responsibilities

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## Part 3 – Coverage and Limits

Current Limit each Claim: \$ \_\_\_\_\_  No current liability insurance

Current Aggregate (Per Policy Period) Limit: \$ \_\_\_\_\_

If you are a licensed broker in more than one province, your certificate of insurance will be issued in accordance with the highest aggregate limit of liability required, as stipulated by the applicable Life insurance licensing regulator. If you wish to increase or decrease your current limits, you will be required to respond to questions below (Raising or Lowering Your Limit of Liability).

### Select Coverage Option:

Per Claim/ Aggregate Limit	Premium/ APA DFC**	Broker Fee	<input type="checkbox"/> Advocis Members		<input type="checkbox"/> Non Advocis Members	
			APA Fee	Total Before Taxes*	APA Fee	Total Before Taxes*
Province/Territory of Licensure: All Provinces and Territories except Manitoba						
<input type="checkbox"/> \$1 Mil / \$2 Mil	\$306	\$150	\$60	\$516	\$90	\$546
<input type="checkbox"/> \$2 Mil / \$2 Mil	\$369	\$150	\$60	\$579	\$90	\$609
Province/Territory of Licensure: Manitoba						
<input type="checkbox"/> \$1 Mil / \$5 Mil	\$306	\$150	\$60	\$516	\$90	\$546
<input type="checkbox"/> \$2 Mil / \$5 Mil	\$369	\$150	\$60	\$579	\$90	\$609

\* Provincial taxes apply for ON, QC and MB residents on the premium portion of the policy (not applicable to “DFC” Deductible Fund Contribution). GST or HST applies to APA Fee, depending on province or territory of residence.

\*\* “Premium” refers to the portion payable to Liberty Mutual, the Plan insurer; “DFC” refers to APA Deductible Fund Contribution - see Part 6 – Applicant’s Acknowledgements: APA Deductible Fund Trust Declarations

## Part 3 – Continued

### Raising Limit of Liability:

IF YOU CHOOSE TO **RAISE** YOUR LIMIT OF LIABILITY: By increasing your limit of liability, you are, in fact, increasing your limit of liability for all past acts, as well. This means that the business you wrote will now be covered for the new limit selected.

IF YOU CHOOSE TO **RAISE** YOUR LIMIT OF LIABILITY, PLEASE ANSWER: Are there any circumstances which may result in any errors and omissions claims being made against you, your predecessors in businesses, or any past or present partners, executive officers or directors?

Yes  No

### Lowering Limit of Liability:

IF YOU CHOOSE TO **REDUCE** YOUR LIMIT OF LIABILITY, PLEASE NOTE:

By lowering your limit of liability, you are, in fact, lowering your limit of liability for all past acts, as well. This means that the business you wrote while you had a higher limit of coverage will now only be covered for the lower limit of liability.

Please amend my limits as requested. I have read and understand the implications of changing my limit of liability.

Signature	Date (dd-mm-yy)
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## Part 4 – Personal Information Consent Form

1. As part of my application for insurance, I hereby consent to the brokerage firm named below (the “Broker”) and the Advocis Protective Association collecting, using and disclosing personal information\* required for purposes of considering my application for new or renewal insurance coverage and of administering the professional liability insurance program sponsored by the Advocis Protective Association.
2. The Broker, on behalf of the Advocis Protective Association, is authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required, including insurance companies, for the purposes of program administration, insurance requirements and all related activities including the marketing of the APA program. The Broker may also be required or permitted to disclose such personal information pursuant to relevant privacy or other laws.
3. The undersigned applicant also agrees that their personal information, including any email address, telephone and fax number, may be shared with The Financial Advisors Association of Canada (“TFAAC”) and TFAAC group entities operating either under the brand name Advocis, or as separate legal entities (“TFAAC” Group Entity) for the purpose of marketing, including telemarketing, the products and services of 1) TFAAC Group Entity, including, but not limited to, the provisions of information on APA and other memberships, education programs, conferences, Advocis Corporate Partnership/Corporate Sponsorship program and regulatory issues and 2) third parties that may be of interest to you. For further information about the TFAAC Privacy Policy, please refer to the Advocis.ca website.

If you choose not to receive this information under the preceding paragraph 3, please check this box:

4. If I wish to review personal information pertaining to my application or policy maintained by the Broker, obtain copies of the Broker’s privacy policies or standards, or make other enquiries or express concerns to the Broker, I understand that I may do so by contacting the Broker’s Privacy Officer Advocis Broker Services Inc. 390 Queens Quay W. Suite 210, Toronto, Ontario M5V 3A2.

**I agree that all personal information that I provide to the Broker will be complete and accurate, and I consent to the collection, use, and disclosure of the personal information as set forth above.**

Full Name	
Signature	Date (dd-mm-yy)
Name of Broker <b>Advocis Broker Services Inc.</b>	Broker’s Privacy Officer <b>Privacy Officer Canada</b>

\*Personal information has the meaning given it by the “Personal Information Protection and Electronic Documents Act.”

## Part 5 – Premium/Fee Calculation

Please calculate your premium and fees due for your E&O Insurance using the 2015 APA E&O Plan Rating Calculator located at [www.RealEandO.ca](http://www.RealEandO.ca) in the Print or Download Application Forms section.

### New Advisor Discount

If your earliest year of licensure (Life or Mutual Funds) was two years or less from the year in which you are renewing or buying new coverage under the APA E & O Plan, you may be eligible to receive a 15% discount from your premium i.e. if your insurance effective/renewal date is on any date in 2013, you are eligible to receive the discount if you were first licensed in 2011. Eligibility for the discount is for two consecutive policy periods i.e. if your first discount is in 2013, when you renew in 2014, you will be eligible again for a 15% discount. Certificate holders with two policies are eligible for the discount on one policy only. Please note that certain conditions apply which may affect eligibility. The rating calculator includes the discount, if applicable.

**Total Premiums, Fees and Taxes per 2015 Rating Calculator: \$** \_\_\_\_\_

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## Part 6 – Applicant’s Acknowledgements

By submitting this document to Advocis Broker Services Inc., the undersigned acknowledges and accepts the Broker Fee paid to Advocis Broker Services Inc. for the coverage for which the undersigned is applying.

**Please note that this is a claims-made policy. You must report any potential incident(s)/claim(s) to the Insurer prior to the expiry of the policy term. At such point as you cease practice in the industry, the policy provides for limited or no coverage beyond the termination date of your certificate of insurance. Options are available to extend the period beyond which you may report claims based on past professional services.**

The undersigned applicant declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application form. The undersigned further agrees that if any significant change in the condition of the applicant is discovered between the date of the application and the effective date of the policy, which would render this application inaccurate or incomplete, notice of such change will be reported immediately in writing to the insurer. Although the signing of this application form does not bind the applicant to purchase the insurance, the undersigned agrees that this form and the information furnished herein shall be the basis of the contract should a policy be issued, and this application will become part of the policy.

### APA Deductible Fund Trust Declarations

This application constitutes insurance coverage provided by the APA E&O Plan insurer and a Deductible Trust Fund managed by the Advocis Protective Association, consisting of APA E&O Plan certificate holders’ “Deductible Fund Contributions”. The amounts of these contributions have been agreed upon by the insurer, and serve to fund the difference between the certificate holder’s individual policy deductible and the first \$100,000 of each claim made under the policy, payable by the APA on behalf of the certificate holder. The APA’s obligation to pay this part of each claim is limited by an annual aggregate equivalent to the total Deductible Fund contributions made by certificate holders. The Deductible Fund Contribution, forming part of each certificate holder’s total payment for this insurance coverage, is fixed, and shall not increase for any reason other than increases in coverage granted to the applicant, and as evidenced in the participant’s certificate of insurance. The undersigned applicant acknowledges and agrees that the APA has no obligation to refund Deductible Fund Contributions, in whole or in part, made by the undersigned arising from favourable individual certificate holders’ loss experience, nor as a consequence of terminating insurance coverage under the APA E&O plan at any time. The applicant further acknowledges that the APA and or its Claims Committee may, from time to time, provide consultation to the plan Insurers or to the plan’s Claims Adjusting Firm in the context of industry-related advice intended to facilitate fair and expedited claims management. Such consultation shall not include advice with respect to matters concerning policy coverage or potential claims denials. For further information, please contact the APA or visit [www.RealEandO.ca](http://www.RealEandO.ca)

Signature	Date (dd-mm-yy)
Printed Name and Title	

**Please complete Part 7 on the following page**

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## Part 7 - Payment Plan Form – Payment Information

Insured Name: \_\_\_\_\_

**Please note that if your payment is declined or your cheque is NSF or returned by the bank, there will be a \$20.00 charge, and we will require immediate payment IN FULL by certified cheque.**

Visa  Mastercard

Cardholder Name	Charge Amount \$
Account No.	Expiry Date (mm-yy)

If you are paying for more than one certificate, please indicate each Insured's name and payment below.

Insured	Payment
	\$
	\$

I agree that in consideration of Advocis Broker Services Inc. permitting me to finance my premium through VISA or MasterCard, Advocis Broker Services Inc. may return any premium by crediting my VISA or MasterCard account.

Signature	Date (dd-mm-yy)
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Cheque

Payable To <b>Advocis Broker Services Inc.</b>	Amount \$
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**(Your certificate of insurance will not be issued until payment clears. Please ensure we receive your cheque at least two weeks prior to the effective date of coverage).**

**Please send the completed and signed application(s) to Advocis Broker Services Inc. along with the Payment Plan Form and payment to:**

Advocis Broker Services Inc.  
10 Lower Spadina Avenue, Suite 700  
Toronto, Ontario M5V 2Z2

**Fax:** 416-444-8031

**If you require assistance, please contact:**

**Telephone:** 416-646-9888

**Toll-free:** 1-877-646-9888

**E-mail:** info@absinc.ca