



Please forward application to:
 Rocca Dickson Andreis Inc.
 290 Rowntree Dairy Road
 Woodbridge, Ontario L4L 9J7
 Telephone 905-652-8680
 Fasimile 905-652-8688
 Email caamp@rdainsurance.com

Application

Errors & Omissions Insurance for Licensed Mortgage Broker Members in Good Standing with the Canadian Association of Accredited Mortgage Professionals (CAAMP), Association Canadienne des Conseillers Hypothécaires Accrédités (ACCHA)

1. Name of Applicant:
 (Legally Registered Name) _____

Brokerage License Number _____

Form of Business: Individual ; Partnership ; Corporation ; Date Established: _____

Address of Firm: _____

Phone# _____ Ext. _____ Fax # _____ Toll Free: _____

Email: _____ Website: _____

2. Number of Branch Offices (Please attach detailed list): _____

Do you grant franchises or are you part of a franchise network? _____

If yes, please provide details _____

3. Predecessor Firms - List all former mortgage practices, firms, names purchased or dissolved where the Applicant is responsible for maintaining in force the professional liability insurance and requires coverage. If the firm is not listed here, no coverage will be extended or afforded.

Name of Firm	Date Established	Date Ceased to Operate
_____	_____	_____
_____	_____	_____

4. Please provide a complete description of the applicant's activities for which the applicant requires errors and omissions insurance coverage.
 (Ex. Mortgage Broker, Mortgage Administrator)

5. Is the applicant or any mortgage broker/agent involved in any other licensed activities other than mortgage broker activities: (Ex. Real Estate, Lawyer) YES NO

If yes, please provide details (this policy is does not cover other operations):

6. Is the applicant or any employee involved in lending activities? YES NO
 If yes, please be advised this policy does not cover lending operations.

7. Does the applicant or any employee have authority to fund mortgages on behalf of a lender? YES NO
 If yes, please provide details including lender's name(s) and revenues generated (attach separate list if necessary)

8. Does the applicant or any employee administer mortgage funds: YES NO
 If yes, please provide the size of mortgage funds you administer and the percentage as follows:

Size of Funds: \$ _____ Commercial: _____ % Residential: _____ %

9. Please indicate the applicant's gross revenues, fees and/or commissions from Mortgage operations:

Previous Year \$ _____ Anticipated Year \$ _____

10. Please indicate the approximate percentage of business derived from the following activities:

<u>Activity</u>	<u>Percentage</u>
Residential Mortgages	
Commercial or Industrial Mortgages	
Construction Mortgages	
Mortgage Administration	
Mortgage Syndication	
Other (Please specify)	
Total	100%

11. Please indicate the approximate percentage of revenues derived from the following lenders:

<u>Lenders</u>	<u>Percentage</u>
Mortgages Placed with Institutional Lenders	
Mortgages Placed with Private Lenders	
Mortgages funded 'In-House' with Own and/or Related Company Funds	
Other (Please specify)	
Total	100%

12. Please provide the names of all **REGISTERED AND /OR LICENSED MORTGAGE BROKERS OR AGENTS** associated with the firm. **(ALL OWNERS AND AGENTS MUST BE LISTED FOR COVERAGE TO APPLY AND MUST BE MEMBERS OF CAAMP/ACCHA IN GOOD STANDING).**

Principal Broker _____ CAAMP Membership Number _____

AGENTS/BROKERS: As of July 01, 2010 PLEASE PRINT NAME (attach separate list if necessary)

Full Legal Name	Broker License Number	CAAMP Membership #	Years In Industry

13. Does the applicant or any employee offer Mortgage Life Insurance? YES NO

14. Check **Limits** Requested:

<u>Per Occurrence Limit</u>	<u>Aggregate Limit</u>	
\$500,000	\$1,000,000	<input type="checkbox"/>
\$1,000,000	\$2,000,000	<input type="checkbox"/>
\$2,000,000	\$4,000,000	<input type="checkbox"/>
\$3,000,000	\$6,000,000	<input type="checkbox"/>
\$4,000,000	\$8,000,000	<input type="checkbox"/>
\$5,000,000	\$10,000,000	<input type="checkbox"/>

15. Prior Insurer _____ Policy _____ Expiry Date _____

16. Has insurance coverage ever been declined, cancelled, or refused renewal? (If yes, please provide details)
YES NO

17. Has the Applicant or any of his/her employees past or present ever been the recipient of any allegations of professional negligence in writing or verbally? (If yes, please provide details) YES NO

18. Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? (If yes, please provide details) YES NO

19. Has the Applicant, any of his/her employees past or present, ever been investigated by or suspended from practice by any body governing the practice of his/her profession? (If yes, please provide details) YES NO

20. Has the Applicant or any employee ever been the recipient of any allegations of fraud or ever been investigated for or implicated in fraud? (If yes, please provide details) YES NO

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURED, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- Conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information of ENCON's privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance 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 this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the insurance manager.

The Applicant should clearly understand that the signing of this Application form, and/or forwarding monies on behalf of this Application form in no way binds the insurer and /or its appointed agent to provide coverage for this subject Applicant. Coverage will only commence from the date and time of issuance of a coverage certificate from the insurer and/or its appointed agent.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will be attached to and become part of the policy.

It is also agreed that should a policy be issued, then the inclusion of more than one insured under a policy certificate will not increase the insurer's limit or liability.

Name of Applicant (Please Print): _____

Signature of Applicant: _____

Title of Applicant: _____

Effective Date: _____

Please complete and forward the above to the appointed servicing agent:

ROCCA DICKSON ANDREIS INC.
290 Rowntree Dairy Road, Woodbridge, ON, L4L 9J7
Telephone: (905) 652-8680; Facsimile: (905) 652-8688; Toll Free: 1-800-479-6450
Email: caamp@rdainsurance.com
Website: www.rdainsurance.com