General Insurance Broker Application

Vailo Insurance Services Ltd
Suite 430 – 255 Newport Drive, Port Moody, BC V3H 5H1
Phone: 604.829.3811 | Toll Free: 1.877.787.6737 | Website: www.vailo.ca

GENERAL INSURANCE BROKER APPLICATION

GENERAL INFORMATION

Legal Name:

Head Office Address:

Phone: Website:

Broker License Number: Nominee:

When was the firm incorporated / established?

Parent Company (If applicable):

Subsidiary Companies (if applicable):

Names of Principals:

Accounting Contact: Accounting Email Address:

BUSINESS INFORMATION

Annual Commercial GWP / Volume: Number of staff:

What Provinces is your Brokerage licensed in:

Does your firm and its personnel hold all the necessary licenses to act as an insurance broker? ☐ No ☐ Yes

Has the firm or any one of its current employees ever had their license suspended or revoked? ☐ No ☐ Yes

Please list the markets that you currently work with:

Do you use any non-admitted or unlicensed markets? ☐ No ☐ Yes If yes, please explain:

PROFESSIONAL INDEMNITY INSURANCE

Please provide details of the insurer and the limit of professional indemnity insurance:

Does the policy's coverage include dishonesty acts of staff? ☐ No ☐ Yes

If no, is there separate coverage placed elsewhere? ☐ No ☐ Yes

Please provide details of the insurer and the limit of cyber risk insurance:

DECLARATION AND SIGNATURE

We can confirm that to the best of our knowledge and belief, and having undertaken appropriate enquiries, the information contained in this application form and any attachments hereto, is current.

We undertake to advise Vailo Insurance Services Ltd of any changes to the information contained herein, that are brought to our attention.

Signed: Full Name:

Position: Date:

Submit Application