

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

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_____ 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

