



Errors & Omissions Insurance for Managing General Agents Questionnaire

Name of Insured:

Date of Establishment:

Total Number of Staff:

Please detail the business' gross income and written premium for the last 3 financial years and an estimate for the next financial year:

Year	Gross Income (Commission/fees)	Gross Written Premium
2021		
2022		
2023		
Estimate for next year		

Please indicate below which Province(s) the MGA **operate** in:

- | | |
|--|---|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Ontario |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Quebec |
| <input type="checkbox"/> Newfoundland and Labrador | <input type="checkbox"/> Saskatchewan |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> North West Territories | |

Please indicate below which Province(s) the MGA is **licensed**:

- | | |
|--|---|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Ontario |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Quebec |
| <input type="checkbox"/> Newfoundland and Labrador | <input type="checkbox"/> Saskatchewan |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> North West Territories | |

Please provide percentage split of gross brokerage/fee income received in the last completed financial year:

Personal Lines (Home and Auto)		%
Commercial Non-Auto		%
Commercial Auto		%
Aviation (Small Craft)		%
Aviation (Other)		%
Marine (Small Craft/Cargo)		%



Marine (Other)		%
Reinsurance		%
Accident & Health		%
Other (please provide details below)		%
Total	100	%

Please provide details of other work:

In the past year, what percentage of gross fees are earned from binding authorities?

Binding authority	Authority limit	Business class	Insurer	Maximum limit/sum insured
MGA has no discretion over any of the terms of the binding authority				
MGA only has discretion over the discounts and loadings given				
MGA has discretion over period offered, loadings and discounts.				
MGA has no limit over any aspect of the risk to be insured				
Claims handling authority				

Have all Delegated Agreements been audited within the past 12 months? Yes ☐ No ☐ as new venture ☐

Please list any failings that were raised, if any:

Have all recommendations from the audit been implemented? Yes ☐ No ☐ as new venture ☐

Are all the Binding Authorities in written form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all the Binding Authorities have a specific renewal date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all the Binding Authorities specify those persons who have authority to bind risks under the Authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "NO", do you restrict those persons who can bind risks under the Binding Authority to senior staff with: Minimum of five years insurance experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the firm(s) delegate the Authority to any other party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Claims Information

Has the firm(s) sustained any loss through the fraud or dishonesty of any employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "YES", please provide details:		
Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "YES", please provide details:		
After enquiry, have any Professional Indemnity claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "YES", please provide details:		

Previous Insurance

Has the firm(s) previously been insured for Professional Indemnity Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If "YES", please provide details:				
Renewal Date	Limit of Liability	Premium	Retention	Insurer

Retroactive Date:

Declaration

I/we declare that after proper enquiry the statement and particulars given above are true and that I/we have no mis-stated or suppressed any material fact.

I/we agree this application form together with any other material information supplied by me/us will form the basis of any contract of insurance effect thereon.

I/we undertake to inform Underwriter of any material alteration to these facts occurring before completion of the contract.

Full Name:

Signature:

Position held
at Insured:

Date: