



807-177 Lombard Avenue, Winnipeg,
 Manitoba, Canada R3B 0W5
www.tcim.ca
 Ph: 204-925-8276
 Fax: 204-925-8279

BROKER INFORMATION

1. Broker Name: _____		
2. Address:		
Street: _____		
City: _____ Province: _____		
Postal Code: _____		
3. Phone: _____	Fax: _____	E-Mail: _____
4. Would you prefer that we contact you by e-mail _____ or by fax _____?		
4. Web Address (if applicable): www. _____		
5. Contacts:		
Agency Principal: _____	e-mail: _____	
Contact(s) for Broking: _____	e-mail: _____	
_____	e-mail: _____	
Contact for agency accounting: _____	e-mail: _____	
6. No. of Employees: _____		
7. Split %:	Personal: _____	Commercial: _____
	Commercial Volume: \$ _____	
8. Insurers you currently use: _____		
9. Wholesaler(s) do you deal with: _____		
10. Classes of business or accounts you would like to target: _____		
<i>Conditions:</i>		
1. Whether collected or not, you agree to remit payments to be received in TCIM office by the 30 th of each month for that statement month, based on TCIM statement and accompanied by a detailed listing of items being paid.		
2. You will comply with Privacy Act rules.		
3. You will maintain Errors & Omissions insurance in accordance with provincial regulations.		

_____ Dated this _____ day of _____, 200__
 Broker Signature