

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 Brokering: _____		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: _____		
11. List all provinces that your brokerage is licensed in: _____		
<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 _____, 20____

Broker Signature