Marsh Canada Limited
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RESET FORM SUBMIT

Manulife Sponsored Travel Agency Business Insurance Program – Independent Contractors Application for E&O Coverage - New Business

1. GENERAL INFORMATION

(a) Policy Effective Date: *	(b) Previous Insurer: * Northbridge Other N/A
	Policy Retro Date:
(c) Name of Applicant / Legal Name: *	
(d) Doing Business As:	
(e) Mailing Address: *	Street:
	City:
	Province:
	Postal Code:
(f) Contact: *	Salutation:
	First Name:
	Middle Name:
	Last Name:
	Email:
	Tel1:
	Tel2:
	Fax:
(g) Are you currently selling Manulife Travel Insurance Products exclusively? (Please note, Exclusive agencies qualify for preferred/discounted pricing): *	Yes No
(h) Please indicate who the host agency is:	
(i) Please indicate the estimated commission income for the next 12 months:	*$
(j) Please indicate the estimated gross sales for the next 12 months:	*$

2. E&O LIMITS AND DEDUCTIBLES OPTIONS

Please select your limit of E&O: *

$500K/ $2mi $1mil / $2mil $2mil / $2mil $2mil / $4mil $5mil / $5mil

Please select your Deductible of E&O: *

$1,000 $2,500

3. RISK MANAGEMENT

(i) Please confirm that you have received, reviewed and acknowledged the risk management policies and procedures of the host agency	(i) Use of disclaimers / responsibility clauses on brochures and travel documents	Yes	No
	(ii) Collecting Certificate of Insurance from all vendors?	Yes	No
	(iii) On-site representatives?	Yes	No
	(iv) Emergency Hot-Lines?	Yes	No
	(v) Sale of Travel Insurance?	Yes	No
	(vi) Operations Manual – Written procedures?	Yes	No
	(vii) Loss Control Manual – written procedures?	Yes	No
	(viii) Use of preferred suppliers?	Yes	No
	(ix) Continuing education requirements and/or certification programs?	Yes	No
	(x) Crisis Management Plan?	Yes	No

4. WARRANTY STATEMENT

(a) Has the Applicant ever been investigated by or suspended from practice by any governing body of his/her profession? Yes No

If YES, please explain:

(b) Has the applicant had any Errors and Omissions claims In the last five years? Yes No

If YES, please provide full details on a separate sheet, including (1) date of such claim, (2) claimant's name, (3) description of allegations of wrong-doing made, (4) amount of indemnity payment and Defence Costs paid and (5) the final disposition or current status of such claim.

(c) Does the Applicant, have knowledge or information of any act, error, omission or circumstance which might reasonably be expected to give rise to a claim? Yes No

If YES, please explain:

Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in (c), any claim or action arising from such fact, circumstance or situation will be excluded from coverage under the proposed policy, if issued by the Insurer.

Yes

If you have additional locations please contact us at businessinsurance.travel@marsh.com or toll free 1 844 493 4992.

SIGNATURE

Privacy Consent - Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial laws, are intended to protect the confidentiality of an individual's Personal Information. We rely on the employer to obtain the consent of the employee for the collection, use or disclosure of personal information necessary for us to properly manage the client's insurance programs. Such information may be used to make decisions about insurance applications and to assess eligibility for, process and maintain insurance coverage, related products and services; analyze, assess and underwrite risks on a prudent basis; respond to the client's inquiries about applications, accounts and other services; investigate and pay claims; and detect and prevent fraud, suspicious claims or other illegal activities. As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing the client's Personal Information as required for those purposes and as permitted pursuant to relevant privacy laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters and other third parties involved in providing insurance services. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their Personal Information to Marsh for these purposes and for Marsh to use and disclose it for these purposes. Marsh's Privacy Policy is available at www.marsh.ca

By signing this form you are consenting to the statements above.

Applicant's Signature (Please type your name)	Date

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