



Chubb Insurance Canada
 199 Bay Street, Suite 2500
 P.O. Box 139,
 Commerce Court Postal Station
 Toronto, ON
 M5L 1E2

T 416.359.3222
 F 416.359.3166
 Chubb.com/ca

Broker Application

Broker Name:

Address:

Completed by:

Email:

Title:

Date:

Please return completed application to:

199 Bay Street, Suite 2500
 P.O. Box 139, Commerce Court Postal Station
 Toronto, ON M5L1E2
 Attention: Marketing

Requesting Access to Write:

Commercial Lines
 Personal Lines
 Accident & Health

Business Registration Part 1

1. Business Registration: Sole Proprietorship (Complete 2A) Partnership (Complete 2A&B) Corporation (Complete 2A,B&C)

2A. a) Registered Legal Name of Firm:

b) Mailing Address:

c) Date of Government Registration:

d) Fiscal Year End:

e) Phone Number: Toll Free:

f) Fax Number: Toll Free:

g) Website:

h) General Email Address:

2B. Details of Partnership or Corporation:

Names of All Owners, Partners, or Directors & Officers	Place of Residence	Occupation	% Equity Interest
			%
			%
			%
			%
			%

2C. List of Shareholders:

Details of All Shareholders	% Held	Name	% Held
	%		%
	%		%
	%		%
	%		%
	%		%

3. If present ownership or structure was established within the last five (5) years, list previous business entities purchased, merged, or consolidated with present ownership:

4. Where do you plan to do business with Chubb for Property & Casualty and/or Accident & Health lines?

Provinces	Property & Casualty	Accident & Health
Alberta		
British Columbia		
Manitoba		
New Brunswick		
Newfoundland and Labrador		
Northwest Territories		
Nova Scotia		
Nunavut		
Ontario		
Prince Edward Island		
Quebec		
Saskatchewan		
Yukon		

Please attach a copy of your provincial insurance license(s) for each province/territory you plan to do business when returning this form. A copy of the license is required to proceed in these provinces/territories.

5. Is your office a member, or is it associated with, any broker networks, clusters or associations? Yes No
If yes, please attach/enclose details separately.
6. If your office is part of a branch operation (independent of the corporate/head office), please provide details for the corporate/head office:

Brokerage Name:
Address:
Telephone:
Primary Contact Person:

7. Does your brokerage have any subsidiaries? Yes No
If yes, please attach/enclose details separately.
8. Does the brokerage carry on any business other than that of an insurance broker? Yes No
If yes, please explain:

9. Key personnel in your organization & contact information:

	Name	Phone	Email	Consent for Marketing Emails	
				Yes	No
Principal				Yes	No
Marketing Manager				Yes	No
Commercial Lines				Yes	No
Personal Lines				Yes	No
Accounting				Yes	No
Claims				Yes	No
Accident & Health				Yes	No
IT or BMS Support				Yes	No
General Contact				Yes	No
Other				Yes	No

10. If requesting access to Personal Lines, please provide best email contact for:

Client notices:
Billing Notices:
General Account Notices:
Claims Notices:

b) Have there been any E&O claims made against the agency in the last 5 years? Yes No

(Include any outstanding claims made prior to that.)

If yes, please attach/enclose details separately.

c) Has any policy or application for errors & omissions insurance ever been declined, cancelled or refused for renewal?

(If yes, please explain on a separate sheet) Yes No

16. Which broker management system do you use, if any?

17. Past Business Conduct:

Have you or your brokerage ever been declared bankrupt, made a voluntary assignment in bankruptcy, or made a proposal under any legislation relating to bankruptcy or insolvency? Yes No

Have you or your brokerage, or its partners, directors, officers, or principal shareholders ever been refused registration or a license, or had a registration or license revoked, under any law that required registration or licensing to deal with the public in any capacity in any province, territory, state, or country? Yes No

Have you or your brokerage, or its partners, directors, officers, or principal shareholders ever been fined, penalized, sanctioned, or convicted, or been the subject of a public decision or order by any financial services regulator, privacy regulator, economic or trade sanctions regulator, or other government entity? Yes No

Have you or your brokerage ever had an appointment or contract that you held with any financial services company terminated because you were accused of breaching financial services related laws, regulations, rules, or codes of conduct? Yes No

Name:

Signature: _____ Date: _____