

**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 <sup>th</sup> 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