



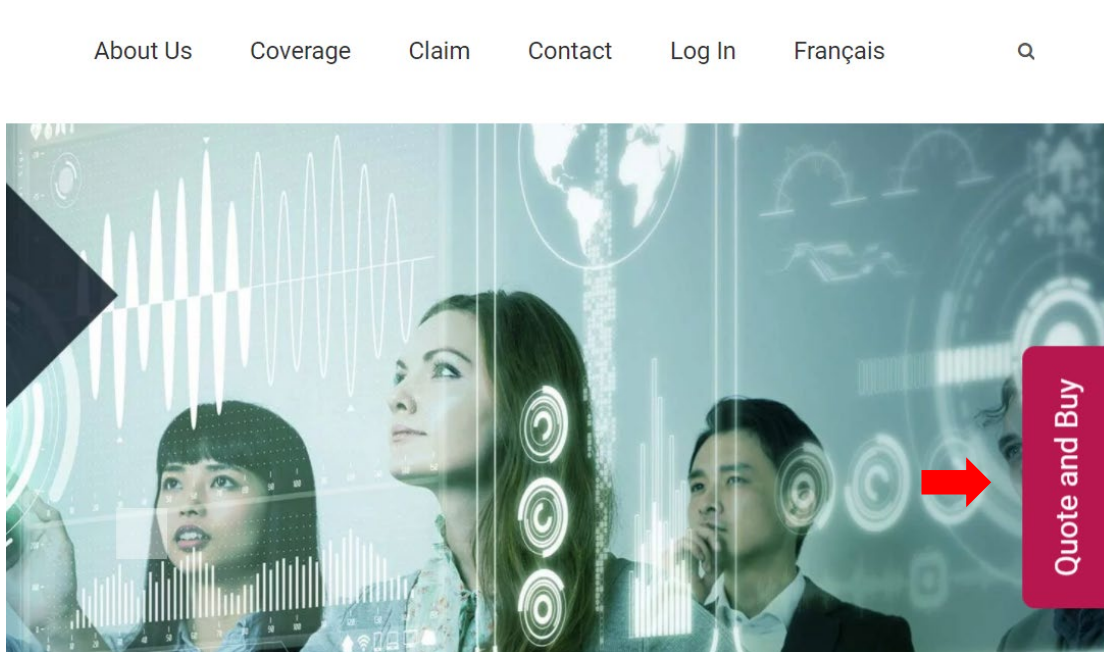
**INSURANCE PORTAL MANUAL
to BUY or RENEW E&O Insurance**

Confidential - for Advisors purchasing/renewing
Advocis Broker Services Inc.'s E&O Insurance Only

*Advocis Broker Services Inc.
Tel: 416-646-9888*

1. Go to www.AdvocisInsurance.ca

- Click on “Quote and Buy”



- Enter your name (full name) and your email address and click on “Get a Quote Now:

Get a Quote >

Who is this policy for?

- > Individual E & O for financial advisors & financial planners
- > Includes personal corporation coverage (conditions apply)
- > Coverage for life insurance/mutual funds, IIROC licensees, Unlicensed Planners/Fee for Service, Licensed Administrative Assistants

Start your quote now by just entering the information below.

Your Name

Samantha Smith

Your Email

info@absinc.ca



GET A QUOTE NOW

2. Choose your province, whether you are licensed in Manitoba and the desired effective date of your coverage:

Get a Quote >

Hi Samantha Smith,

We're going to help you get a quote for E&O coverage as quickly as possible!

To start, we just need a few things from you. Fill out the simple questions below and we'll get you set up in no time at all.

What's your name?	<input type="text" value="Samantha Smith"/>
What's your email?	<input type="text" value="info@absinc.ca"/>
Where is your practice located?	<input type="text" value="ON"/>
Are you licensed to sell products in Manitoba?	<input type="text" value="No"/>
When do you need your coverage to start?	<input type="text" value="01/15/2022"/>






< START OVER

CONTINUE

3. Select the coverages you would like to purchase:

Coverages

Please select the coverage(s) you need from the choices below:

- Life Insurance / Mutual Funds 
- IIROC Licensees (Securities/Mutual Funds) 
- Unlicensed Planners/Fee for Service 
- Licensed Administrative Assistants 
- Security & Privacy Liability 

- Here is the full description of what is included in each coverage:

Life Insurance / Mutual Funds:

Coverage for activities relating to the conduct of the business of a licensed life agent or licensed accident and/or sickness agent or a representative registered with the Mutual Fund Dealers Association of Canada to sell Mutual Funds, Life Insurance, Segregated Funds, Accident & Sickness, Term Deposits, Group Benefits, GIC's and more.

IIROC Licensees (Securities/Mutual Funds):

Coverage for activities related to a securities registrant registered with the Investment Industry Regulatory Organization of Canada, including Securities, Income Tax Preparation, Executors, Notary Public, Commissioner of Oaths, Fee for Service Planning, Financial Divorce Specialists and more.

Unlicensed Planners/Fee for Service:

Activities provided for a fee relating to financial advice and for which a license is not required. Activities relating to and including sales management and supervisory activities over individual advisors and planners in reference to the above.

Unlicensed Planners/Fee for Service:

Activities provided for a fee relating to financial advice and for which a license is not required. Activities relating to and including sales management and supervisory activities over individual advisors and planners in reference to the above.

Licensed Administrative Assistants:

Coverage for those activities, relating to a licensed administrative assistant: Life Insurance, Annuities, Accident & Sickness, hospitalization or medical insurance policies, investments otherwise insured under the policy.

Security & Privacy Liability

Cyber Suite Insurance relating to Privacy, Confidentiality, and Security Liability; Privacy Regulation Defense, Awards and Fines; Customer Care and Reputational Expenses.



Get a Quote >

Coverages

Please select the coverage(s) you need from the choices below:

Life Insurance / Mutual Funds i

- \$ 1,000,000
- \$ 2,000,000
- \$ 3,000,000
- \$ 4,000,000
- \$ 5,000,000
- \$ 10,000,000

IIROC Licensees (Securities/Mutual Funds) i

Unlicensed Planners/Fee for Service i

Licensed Administrative Assistants i

Security & Privacy Liability i

- \$ 25,000
- \$ 50,000
- \$ 100,000
- \$ 250,000

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CONTINUE

Have a Corporate Code? i

Enter it here:

APPLY CODE

Pricing Details

Life Insurance / Mutual Funds - **\$801.00**
 E&O
 Coverage Premiums
 (\$1,000,000 per claim limit)

Cyber/Privacy and Network
 Coverage Premiums **\$66.67**
 (\$25,000 per claim limit)

Ontario RST **\$37.97**

Total Due \$905.64

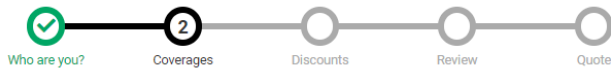
4. If you are contracted with a firm that participates in the Advocis Corporate Partnership Program, enter a promotion code. Then, click “Apply code”.

Have a Corporate Code? i

Enter it here:

APPLY CODE

- Click on “Continue”:



Get a Quote >

Coverages

Please select the coverage(s) you need from the choices below:

- Life Insurance / Mutual Funds** i

\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000	\$ 10,000,000
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- IIROC Licensees (Securities/Mutual Funds)** i
- Unlicensed Planners/Fee for Service** i
- Licensed Administrative Assistants** i
- Security & Privacy Liability** i

\$ 25,000	\$ 50,000	\$ 100,000	\$ 250,000
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Have a Corporate Code? i

Enter it here:

APPLY CODE

Pricing Details

Life Insurance / Mutual Funds - E&O Coverage Premiums (\$1,000,000 per claim limit)	\$801.00
Cyber/Privacy and Network Coverage Premiums (\$25,000 per claim limit)	\$66.67
Ontario RST	\$37.97
Total Due	\$905.64

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CONTINUE

- 5. Indicate if you are an Advocis member. If “Yes”, enter your Advocis Member ID. Choose a year when you were first licensed:

Discounts

Are you a current Advocis member?

Yes
 No
 Enter your Advocis Member ID:

What year were you first licensed for Life and/or Mutual Funds?

▾

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CONTINUE

6. Review your limits, premium and click on “Buy Now”:



Get a Quote >

Review

Coverage Start Date:	January 15, 2022	EDIT
Coverages:	Life Insurance / Mutual Funds - E&O	\$1,000,000.00 Limit EDIT
	Cyber/Privacy and Network	\$25,000.00 Limit
Discounts:		EDIT

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BUY NOW

Have a Corporate Code? ⓘ

Enter it here:

[APPLY CODE](#)

Pricing Details

Life Insurance / Mutual Funds - E&O Coverage Premiums (\$1,000,000 per claim limit)	\$801.00
Cyber/Privacy and Network Coverage Premiums (\$25,000 per claim limit)	\$66.67
Ontario RST	\$37.97
Total Due	\$905.64

7. Fill out the declarations.

Note, if you respond “yes” to any of the following, you must specify details. In this case, the application will be sent to an insurer for approval and the approval period is 5-7 business days. In this case, the application process stops here, and you will have to wait for one of our brokers to contact you.

Checkout >

Declarations

In the last five years, have you or any of your employees been the recipient of any allegations of professional negligence in writing or verbally?

 Yes No

Are you or any of your employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above?

 Yes No

In the last five years, has there been, or is there now, pending against you any suit(s), proceedings, claim(s), fact(s), or situations(s) that would have been covered by this insurance?

 Yes No

Have you ever had any license suspended or cancelled by a regulatory body for improper conduct?

 Yes No

Are you currently under investigation/review by a regulatory body for improper conduct?

 Yes No

Have you ever been charged with or convicted of a dishonest or fraudulent act?

 Yes No

Have you ever been found guilty of any violation of Federal or Provincial insurance or securities law or regulation?

 Yes No

8. List any firm(s) which you are contracted to do business with and the address of the Insured:

Firm Information

List below, **one per line**, any firms with which you are contracted to do business.

Greatway Financial
Canada Life
RBC
Freedom 55

Please indicate which of these firms require their names to be shown on your Certificate of Insurance (for vicarious liability coverage).

- Greatway Financial ✕
- Canada Life ✕
- RBC ✕
- Freedom 55 ✕

- If you don't hold an ownership in a firm, which is incorporated, select "No".

Do you hold an ownership interest in one or more **incorporated** firms under which you will provide financial advisory services under our Life Insurance/Mutual Funds coverage?

NO

YES, 1 FIRM

YES, MORE THAN 1 FIRM

- If you hold an ownership in a firm, which is incorporated, select "Yes" and you will be advised of the following:

Important Notice

Provincial requirements in **Saskatchewan, Quebec** and **Newfoundland** state that all incorporated entities must hold separate and distinct Corporate Errors & Omissions Insurance. If you and/or your incorporated entity are licensed in one or more of these provinces you may not list your incorporated entity under your personal E&O coverage.

Complete the purchase of your personal coverage [here](#). Then, [click here](#) for all the information you need on how to acquire Corporate E&O. We will also provide you this information on completion of your purchase.

OK

! If you said “Yes” and are interested in purchasing our personal corporation E&O coverage, please visit this page <https://advocisinsurance.ca/personal-corporate-coverage/> and send your request to info@absinc.ca

- **Enter the insured’s address:**

Address of Insured

Street Address

10 Lower Spadina Ave

City

Toronto

Province

ON

Postal Code

M5V2Z2

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CONTINUE

9. Select the areas where you are licensed:

Licensing

Life Insurance/Mutual Funds

IIROC Licenses (Securities/Mutual Funds)

Please select the areas in which you are licensed:



Life Insurance

Please indicate where you are licensed:

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Québec
- Saskatchewan
- Yukon Territory



Accident and Sickness



Mutual Funds



Segregated Funds



GIC's

10. Review the Acknowledgments and Person Information Consent and check off if you consent to agree:

Review and Consent

Acknowledgements

Please note that this is a claims-made policy. You must report any potential incident(s)/claim(s) to the Insurer prior to the expiry of the policy term. At such point as you cease practice in the industry, the policy provides for limited or no coverage beyond the termination date of your certificate of insurance. Options are available to extend the period beyond which you may report claims based on past professional services.

The undersigned applicant declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application form. The undersigned further agrees that if any significant change in the condition of the applicant is discovered between the date of the application and the effective date of the policy, which would render this application inaccurate or incomplete, notice of such change will be reported immediately in writing to the insurer. Although the signing of this application form does not bind the applicant to purchase the insurance, the undersigned agrees that this form and the information furnished herein shall be the basis of the contract should a policy be issued, and this application will become part of the policy.

Personal Information Consent

As part of my application for insurance, I hereby consent to the brokerage firm named below (the "Broker"¹) and the Advocis Protective Association collecting, using and disclosing personal information* required for purposes of considering my application for new or renewal insurance coverage and of administering the professional liability insurance program sponsored by the Advocis Protective Association.

The Broker, on behalf of the Advocis Protective Association, is authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required, including insurance companies, for the purposes of program administration, insurance requirements and all related activities including the marketing of the APA program. The Broker may also be required or permitted to disclose such personal information pursuant to relevant privacy or other laws.

The undersigned applicant also agrees that their personal information, including any email address, telephone and fax number, may be shared by The Financial Advisors Association of Canada ("TFAAC"²) and TFAAC group entities operating either under the brand name Advocis, or as separate legal entities ("TFAAC" Group Entity) for the purpose of marketing, including telemarketing, the products and services of 1) TFAAC Group Entity, including, but not limited to, the provisions of information on APA and other memberships, education programs, conferences, Advocis Corporate Partnership/Corporate Sponsorship program and regulatory issues and 2) third parties that may be of interest to you. For further information about the TFAAC Privacy Policy, please refer to the Advocis.ca website.

If I wish to review personal information* pertaining to my application or policy maintained by the Broker, obtain copies of the Broker's privacy policies or standards, or make other enquiries or express concerns to the Broker, I understand that I may do so by contacting the Broker's Privacy Officer: Advocis Broker Services Inc. 390 Queens Quay W. Suite 210, Toronto, Ontario M5V 3A2.

* Personal information has the meaning given it by the "Personal Information Protection and Electronic Documents Act."

I agree that all personal information that I provide to the Broker is complete and accurate, and I consent to the collection, use, and disclosure of the personal information as set forth above.

[← START OVER](#)

[CONTINUE](#)

11. Choose the preferred method of payment:

Payment

How would you like to pay your premiums?

Monthly

Yearly

< START OVER

CONTINUE

Note:

- If you choose monthly, then you will pay from your bank account.
- If you choose to pay yearly, then you will pay the full amount by credit card. In this case the application process stops here, and a payment link will be sent to your email to finalize payment. We will send certificates to your email address once payment is completed.

Processing fees:

- Yearly: 3% of the total premium.
- Monthly: 7.65% of the total premium (paid in 12 installments)

12. If you chose to pay monthly, review and sign the Premium Finance Agreement

- Consent to use electronic records and signatures:

Payment



Please review and sign the Premium Finance Agreement



FIRST Canada
FIRST Insurance Funding of Canada

Thank you for choosing FIRST Insurance Funding of Canada.

Your FIRST Insurance Premium Finance Agreement is available for signature. We appreciate the opportunity to serve you.

Please read the [Electronic Record and Signature Disclosure](#).



I agree to use electronic records and signatures.



CONTINUE

- Enter your banking information:

☰ Enter text NEXT

Please provide your email and cell phone number. This information is only used to communicate with you regarding this payment plan. \$81.51 ▲

Insured Email:

Insured Phone Number:

Attach a VOID cheque or complete the banking information below:

Account Holder Name:

Required - a 5-digit transit code

Financial Institution Bank Number (3 digits):

Bank Account Number (Up to 14 digits):

Cheque Sample:

For _____		
⑆123⑆	12345⑆	678⑆ 0123⑆ 456⑆
5 Digit Branch Transit No.	3 Digit Financial Institution Bank No.	Up To 14 Digit Bank Account No.

Easy monthly pa
FIRST I
OF CANAD
A WINT

- Sign, enter your name and date:

Payment

☰
Enter text
NEXT

Together with any policies subsequently purchased in addition to, in substitution for, or in replacement or extension, thereof, regardless of the same type, for the same policy term, with the same or different Insured(s) or for different premium amounts (collectively, the "Policies")

Broker code	Policy number	Full name of insurance company of branch reporting office and full name of general agent	Type of Insurance	Minimum earned %	Term in months	Policy effective date
78784	114699	C00123-Zurich Canada - Toronto G00419-Advocis Broker Services Inc.	E&O	0.00%	12	15-Jan-

Subtotal \$867.67 + Taxes \$37.97 + Broker fees \$0.00 + Other Fees \$0.00 = Cash

Broker's representations and warranties
 In connection with the Policies, the Broker also represents and warrants that: 1) the Insured received a copy of this Agreement and acknowledged its receipt; 2) if the Broker has agreed to collect the cash down payment, and/or any instalments due from the Insured, Broker has collected such amounts; 3) the Policies are in full force and effect, and the information contained in the Schedule is correct; 4) the Broker is the authorized policy issuer or the Broker placing the coverage directly with the insurer on all Policies except as indicated in the Schedule; 5) no direct company or indirect company policies, or policies subject to retrospective rating or to minimum earned premium, are included, except as indicated in the Schedule or FIRST Insurance Funding of Canada (FIRST), and the deposit of provisional premiums is not less than anticipated premiums to be earned over the term; 6) the Policies can be cancelled by the Insured or FIRST (or its successors or assignees) with proper notice, and the unearned premium shall be computed by standard short rate or pro-rata tables; 7) to the best of Broker's knowledge, there are no bankruptcy, receivership or other legal proceedings affecting the Insured or Broker; 8) Broker shall hold FIRST harmless from, and be liable to FIRST for, any costs, damages or other expenses (including attorney's fees) incurred by FIRST or its assignee as a result of or in connection with violation of these representations and warranties; 9) Broker recognizes the Insured's assignment of the Policies to FIRST; 10) to hold in trust for FIRST any payments made or credited to the Insured through or to the undersigned, directly or indirectly, by the insurers or FIRST and pay the monies and any unearned commission to FIRST promptly upon demand to satisfy the obligations of the Insured without any deduction of amounts owed by Insured to Broker; 11) to the best of Broker's knowledge, the Policies do not require the Insured to provide any collateral; 12) Broker will promptly remit all funds received from FIRST and the Insured for the Policies issued by the Insured; and 13) Broker is not an agent of FIRST and is not authorized to bind FIRST and has not made any representation or warranty on behalf of FIRST.

By _____ Date _____
 (Signature of Broker) (Name and Title)

Acceptance by Insured
 The Insured has received a copy of the Agreement and read it in its entirety. Upon execution of this Agreement, Insured(s), jointly and severally, acknowledge and agrees to all terms and provisions herein. If the Insured is not an individual, the undersigned is authorized to act on behalf of all named insureds. The Insured is not required to enter into this financing arrangement as a condition for obtaining insurance.

By _____
 (Signature of Insured) (Name and Title) Date _____

- Scroll and Click "Finish":

4734208.pdf

FINISH

13. The application process ends here.

- Once the premium finance company finalizes a contract on their end, they will send us a notice of acceptance (usually within a day or two).
- As soon as we get the Notice of Acceptance, we will issue a certificate of insurance and send it to your email address.