2015 – 2016 FSCO Mortgage Brokers and Administrators Professional Liability



Renewal Application

SECTION 1: APPLICANT INFORMATION

1.	Name of Licenced Brokerage:						
	Name of Licenced Administrator (if applicable):(The E&O policy must be issued in the name of the licenced administrate						
2.	FSCO Brokerage Licence Number:	1					
	FSCO Administrator Licence Number (if applicable):	1					
Phon	e # Fax #			Ета	nil		
Maili	ng Address						
City _	Province			Post	tal Code		
Web	site Address						
3.	Have there been any acquisitions/mergers or change in (If "YES", please provide the name of the past brokerage firm or a claim reported on the previous firm/acquired firm or merging	and also dec	lare if ther	e has been		□ YES	□ NO

SECTION 2: UNDERWRITING INFORMATION

4.	Do any of the Brokerage's licenced brokers/agent with individual private lenders, licensed mortgage	•••••••			□ YES	□ NO
	lending corporations (i.e., Mortgage Investment Corporations	orations/Trusts) ?				
	If "YES", please complete the Priv	ate Lending Supplementary Question	nnaire starting	on page 6.		
5.	Number of office locations:	Is the primary office location:	Owned	Leased	🗖 Hom	e-based

6. Name of the Principal Broker: ____

Total Number of Mortgage Brokers/Agents: _____

*** If the number of agents exceeds the space provided below, please attach a separate sheet to this application.

Name of Brokers/Agents	Numbers of years in Practice	Name of Brokers/Agents	Numbers of years in Practice

SECTION 3: BROKERING & ADMINISTRATION ACTIVITIES AND GROSS REVENUES

8. Please indicate the applicant's gross revenues/fees/commissions in the tables provided below:

IMPORTANT NOTE: Please enter your fees/commission earned and NOT the total mortgage volumes/values arranged.

Mortgage Brokering Activities	Prior Year Fees/ Commissions Earned	Forecast Current Fiscal Year Fees/Commissions	Percent of Total (Current Year)	
A. Types of Mortgages Arranged (DO NOT ENTER MORTGAGE VOLUMES ARRANGED IN FIELDS PROVIDED; ONLY ENTER FEES / COMMISSIONS)				
Residential Mortgages	\$	\$		
Construction Mortgages *	\$	\$		
Commercial or Industrial Mortgages	\$	\$		
Totals for Section A * NOTE – Construction mortgages should include all types of lending for construction projects. Do NOT include Residential or Commercial construction mortgages in the Residential or Commercial categories under section A.	\$	\$	100% (columns must total)	

Mortgage Funding Sources	Prior Year Fees/ Commissions Earned	Forecast Current Fiscal Year Fees/Commissions	Percent of Total (Current Year)		
B. Mortgage Funding Sources (DO NOT ENTER MORTGAGE VOLUMES ARRANGED IN FIELDS PROVIDED; ONLY ENTER FEES / COMMISSIONS)					
Mortgages placed with Institutional Lenders (Banks, Trusts and others)	\$	\$			
Mortgages placed with Private Lending Investment Corporations (i.e., M.I.C.s, Funds, Trusts)	\$	\$			
Mortgages placed with Licensed Mortgage Syndicators	\$	\$			
Mortgages placed with Individual Private Lenders	\$	\$			
Mortgages funded "In-house" with own related company sources (i.e., funds from brokerage owners or employees)	\$	\$			
Totals for Section B NOTE: Total of section A. must match the Totals for section B.	\$	\$	100% (columns must total)		

Mortgage Administration Activities	Prior Year Fees/ Commissions Earned	Forecast Current Fiscal Year Fees/Commissions	Percent of Total (Current Year)
C. Mortgage Administration Services (Enter N/A if the applicant does not a	dminister mortgages)		
Administration of Residential Mortgages	\$	\$	
Administration of Commercial or Industrial Mortgages	\$	\$	
Totals for Section C	\$	\$	100% (columns must total)

Construction Mortgages** Please skip questions 9 to 11 if you entered "0%" for construction mortgages in question #8A.

9. If the Brokerage arranged construction mortgages in the past 3 years then please provide the types of construction projects funded as an approximate percentage of the total construction mortgage volume for the Brokerage:

	Project Type Being Funded	% of Construction Volume
a.	Construction of individual residential projects (5 individual family dwellings or less):	%
b.	Construction of commercial or industrial projects:	%
с.	Construction of hotels or resorts:	%
d.	Construction of residential subdivisions (i.e., more than 5 individual family dwellings):	%
e.	Construction of residential high-rise (i.e., more than 3 storeys high):	%
		4.000/

100% (columns must total)

FSCO Insurance Program Renewal Application (05.12.15)

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10.	i	f the brokerage arranged construction mortgages in the past 3 years then s the lender always responsible for making the decision to advance funds to the borrower? If "NO", please explain who has the authority to advance funds on behalf of the lender:	□ YES	□ NO
11.		f the brokerage arranged construction mortgages in the past 3 years then is the Brokerage esponsible for the site visits before releasing the funds or advising the lender to release the funds?	□ YES	
	ļ	f "YES" , please complete the following:		
	A.	Provide the details on how the site visits are conducted:		
	В.	Does the Brokerage keep a record of all the correspondence with the Lender regarding Brokerage site visits?	□ YES	
	С.	If " NO ", give reasons why records are not maintained:		
12.	P	lease provide the following details about your brokerage:		
	А.	Does the Brokerage have any business operations in the USA?	□ YES	□ №
		If "YES" , note that US operations are not covered under this policy.		
		Please contact LMS PROLINK at 1.800.663.6828 to further discuss your options.		
	В.	Is the Brokerage or any of its mortgage broker(s)/agent(s) involved in any other professional activity other than mortgage brokering?	□ YES	□ NO
		If "YES" , please note that you or any mortgage broker/agent under this policy is <u>NOT</u> covered for any liability for any professional services other than as a licenced mortgage broker/agent.		
13.	P	lease complete the following information on claims or potential claims:		
	Α.	Is the Brokerage or any of its mortgage brokers/associates or employees aware of any allegations, facts, circumstances or situations involving the Brokerage or any of its mortgage brokers/associates or employees which may reasonably give rise to a claim?	□ YES	□ NO
	В.	Has the Brokerage ever received any claims or complaints with respect to allegations of invasion of privacy, identity theft, theft of information, breach of information security, or been required to provide notification to individuals due to an actual or suspected disclosure of personal information?	□ YES	□ NO
	C.	Has the Brokerage notified consumers of a data breach incident in accordance with a data breach notification law in the past three (3) years?	□ YES	□ NO
	IJ	you answered "YES" to any of the above, please attach an additional page with full details including the date of any claim or allegatic	ın.	
14.	F	las the Brokerage or any of its mortgage brokers/agents:		
	А.	Had their license suspended or terminated by a regulatory authority?	□ YES	□ №
	В.	Ever been called before an investigative committee for disciplinary proceedings for professional misconduct by a professional society/board or any statutory registration board?	□ YES	□ NO
	C.	Been censured or fined by a regulatory authority?	□ YES	□ NO
		If "YES" to any of these questions, please attach an additional page with full details including dates.		

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15. Please complete the following charts:

	Mortgage Brokerage Limits Requested:		ortgage Brokerage ductible Opted For:
	\$ 500,000 per claim/ \$1 million aggregate		\$1,000
	\$1 million per claim/ \$1 million aggregate		\$2,500
	\$1 million per claim/ \$2 million aggregate		\$5,000
	\$2 million per claim/ \$2 million aggregate		\$10,000

Mortgage Brokerage Limits Requested:

Mortgage Administrator Limits Requested:

٨	Mortgage Administrator Limits Requested:		Mortgage Administrator Deductible Opted For:		
	\$ 500,000 per claim/ \$1 million aggregate			\$1,000	
	\$1 million per claim/ \$1 million aggregate			\$2,500	
	\$1 million per claim/ \$2 million aggregate			\$5,000	
	\$2 million per claim/ \$2 million aggregate			\$10,000	

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SEC	TION 4: COMMERCIAL OFFICE INSURANCE & LOSS HISTORY INFORMATION				
16.	Does the Brokerage currently maintain a Commerc	ial Office insurance policy?		□ YES	
17.	If the Brokerage does not purchase Commercial Of is the Brokerage interested in receiving a Commercial	.	🗆 N/A	□ YES	□ NO
	If "YES", please provide details below.				
18.	Current Insurer:	Premium:	Policy #:		
	Basic Contents Limit of Coverage:	CGL Limit:	Expiry Date:		
19.	Has any insurer ever declined or cancelled any cov	erage, for the Brokerage in the past?		□ YES	□ NO
	If "YES" please provide details:				

Commercial Insurance Policy loss history for past 3 years, please provide details below: (Attach Additional Page(s) if Necessary) 20.

Year	Insurer	Loss Detail(s)	Number of Loss(es)	Total Amount(s) Paid

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PRIVATE LENDING SUPPLEMENTARY QUESTIONNAIRE

Please complete the following table:

NOTE: The following table relates ONLY to mortgages arranged with INDIVIDUAL PRIVATE LENDERS ("IPLs"). M.I.C.s, licenced syndicators and lending in-house funds are NOT classified as IPLs and are NOT to be entered in this table.

Type Of Mortgage Arranged With An Individual Private Lender ("IPL")	Prior Year Fees/Commissions Earned from IPLS	Forecast Current Fiscal Year Fees/Commissions earned from IPLS	Total Number of Mortgages Arranged In Past 3 Years with IPLS	Largest Mortgage Arranged In Past 3 Years with an IPL	Average Mortgage In Past 3 Yo IPL	Arranged ears with	
Residential Mortgages							
Construction Mortgages							
Commercial/Industrial Mortgages							
Enter N/A if the Brokerage does not arrange the type of mortgage with an individual private lender.							
L. Is the Brokerage or any mortgage broker/agent involved in the arrangement of Investors I YES INO into a mortgage fund (i.e., Mortgage Investment Corporation/Trust)?							
A. If "YES", provide	A. If "YES", provide the revenues generated from managing/administering the fund:				\$		
B. If "YES", provide	B. If "YES", provide the total asset size of the mortgage fund(s):				\$		
NOTE: A	rranging or placing investo	rs into a mortgage fund is	not a Professional Servi	ce covered under this p	olicy.		
Please SK	Please SKIP questions 2 and 3 if the brokerage does NOT arrange any mortgages with individual private lenders.						
2. Does the Brokerage or any mortgage broker/agent solicit individual private							
If "YES", what are the current processes the brokerage has in place to disclose the risks associated with private lending and acknowledgment of these risks by the private lender?							
3. Please provide details on the criteria used by the brokerage to assess whether an individual private lender is an appropriate source of funding for a particular mortgage transaction?							
-	e or any of its mortgag s on their behalf witho				□ YES	□ NO	
If "YES", please prov	vide the details:						
5. Are appraisals fro	om independent apprai	sers obtained for all mo	ortgages arranged wit	th private lenders?	□ YES		
	lf "NO", explain under which circumstances the Brokerage does not obtain an appraisal from an independent appraiser. Attach on a separate document and submit with this application if more space is needed than provided below.						

6. If "NO" to question 5, does the private lender provide a written approval confirming that they waive any requirement to have an appraisal from an independent appraiser?

□ YES □ NO

IMPORTANT NOTICE TO APPLICANT:

This is an application for insurance and the insurer is not obligated to accept the applicant for coverage. If a policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature on the application form and submission of a premium payment does not bind the insurer to complete an insurance transaction with the applicant. This policy provides Errors and Omissions insurance that applies on a claims-made basis. The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- **A.** The policy will not cover any losses from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period (subject to the Extended Reporting Period provision).
- B. The policy will provide coverage for losses from incidents which take place on or after the Retroactive Date, if any, but before
 - the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period.
- **C.** The policy will not cover any loss for which a claim is first made after:
 - 1. The expiration of the policy period or its earlier termination date, if any; or
 - 2. The Extended Reporting Period if any and then only in accordance with the terms described in the policy.
- **D.** The policy will only cover claims which are first made:
 - 1. During the policy period; or
 - 2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.
- E. Please request a copy of the Policy and review the terms and conditions to obtain more information.
- F. The limits for Defence Costs are over and above the liability and will not reduce the limit of liability.

Disclosure and Consent:

As part of my application for insurance I consent to the collection and use of personal information required for the purposes of considering my application for insurance by the insurer and the authorized insurance broker for Ontario Applicants, LMS PROLINK Ltd., and/or the authorized insurance broker for applicants outside of Ontario, The PROLINK Insurance Group Inc. The insurer and the broker are authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required for the purpose of underwriting this application for insurance, as permitted by the relevant provincial and federal privacy laws or other applicable laws, and as required by the applicant's association and/or governing body. I understand that at any time I may ask to review the personal information pertaining to my application for insurance and the insurer and broker will be obligated to provide me with any information I am entitled to receive under the relevant provincial and federal privacy laws. I have reviewed the information in this Application, gathered information from all partners/directors/ officers/ employees/agents under this entity whether present or prior regarding their knowledge or awareness of any claims or situations which may give rise to any claims

The Claim Information Forms, if any, that are attached to this Application include the details of:

- A. All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the Applicant);
- **B.** All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the applicant) in the future. All such claims, suits and incidents have been reported to our (Applicants) current or prior insurer(s). It is understood and agreed that all such claims, suits, arbitrations, fact situations and incidents will be excluded from coverage under any policy issued by the insurer.

It is understood and agreed that failure to provide true and complete response to any of the questions, statements or request for information in this Application or to provide any other information material to this Application may, at the sole option of the insurer, result in the voiding of the insurance policy issued in reliance on this Application and /or denial of coverage for specific claims asserted against us (the Applicant) or any other insured under the policy. The undersigned on behalf of the Applicant and all other insureds under this policy issued by the insurer, hereby waives any defense to an action by the insurer for voiding or revoking of the policy based upon misrepresentation of fact or failure to disclose material information in connection with this Application. The Applicant agrees to hold the insurer harmless from all loss as a result of any such misrepresentation or failure to disclose, including, without limitation, all costs and attorney fees incurred by the insurer in connection with said action for voiding or revoking the policy.

I HEREBY DECLARE that the above statements and particulars are true to the best of my knowledge, that I have not suppressed or misstated any facts and I agree that this application shall form part of the insurance policy. I also acknowledge that I am obligated to report any changes that could affect the disclosures in this application that occur after the date of signature, but prior to the effective date of coverage.

Applicant's Signature:	Name (please print):	Date:

PLEASE COMPLETE AND RETURN THE APPLICATION THROUGH ONE OF THE FOLLOWING METHODS:

✓	Via EMAIL please send to:	FSCO@LMS.ca
✓	Via FAX please send to:	416 595 1649 attn. FSCO PROGRAM MANAGER
✓	Via MAIL please send to:	LMS PROLINK Ltd. 480 University Ave. Suite 800 Toronto, ON. M5G 1V2