

**Group Automobile and Residential Insurance Program Application**

**GENERAL INFORMATION**

Name of Group

Address

City	Province	Postal Code
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Group Contact Name	Email
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Telephone ( )	Fax ( )
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Broker Contact Name	Email
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Telephone ( )	Fax ( )
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**UNDERWRITING**

Group Sponsor

- Employer   
  Association   
  Staff Association   
  Union   
  Credit Union   
  Other

If employer, please detail type of business or industry:

If association, please provide details of membership, nature of association and fees:

Is there currently a program in place for this group? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide name of insurer, and number of years program has been in place.
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Are quotations being obtained from other markets? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list other brokers and insurers.
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Group Population:	Total Number	Male	Female
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Age Distribution	Male		Female		Geographic Distribution	Number	Percentage
	Number	Percentage	Number	Percentage			
		%		%	Ontario		%
Under 25		%		%	Alberta		%
25 to 29		%		%	Maritimes		%
30 to 49		%		%	Quebec		%
50 to 64		%		%	Manitoba		%
65 to 75		%		%	Saskatchewan		%
Retirees		%		%	B.C.		%
					Yukon/Territories		%

**IF EMPLOYER GROUP**

Job Classification	Number	Percentage		Number	Percentage
Management		%	Salaried		%
Hourly		%	Clerical		%
Part Time		%	Commission		%
Seasonal		%	Retirees		%

Annual Turnover  
 What is the annual percentage turnover for the last three years?                      2008                      %                      2007                      %                      2006                      %

	Average Income	Percentage Employees
Management	\$	%
Professional	\$	%
Semi-skilled	\$	%
Clerical	\$	%
Other	\$	%

If a union, list the number of strikes and layoffs in past 5 years

Income Continuation Plan in place for all employees?

Yes  No

Details

**MARKETING PLAN**

What type of access to employees/members has been committed to by the sponsor?

	Yes	No		Yes	No
Print Brochures	<input type="checkbox"/>	<input type="checkbox"/>	Pay Inserts	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin Boards	<input type="checkbox"/>	<input type="checkbox"/>
On-Site Quotations	<input type="checkbox"/>	<input type="checkbox"/>	On-Site Presentations	<input type="checkbox"/>	<input type="checkbox"/>
Web-Site Hotlink	<input type="checkbox"/>	<input type="checkbox"/>	E-mail	<input type="checkbox"/>	<input type="checkbox"/>
Telemarketing	<input type="checkbox"/>	<input type="checkbox"/>	Convention Attendance	<input type="checkbox"/>	<input type="checkbox"/>

Are there any special conditions or requirements for this group?

Yes  No

**EXCLUSIVITY AGREEMENT**

I will provide a signed letter from the group sponsor confirming that I have been given exclusivity as their Group Broker.

Signature of Broker	Date (mm/dd/yyyy)
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Program Start Date