



O.M.V.L.I.A. Insurance Program
2017 – 2018 Program Application



Use a separate form for multiple locations

Basic Information

Broker: Mitchell & Abbott Group Insurance Brokers Ltd. Office No: 56307
Business Name of Applicant:
Full Name of Principal(s):
Service Location/Risk Address (including Postal Code):
Mailing Address (if different than service location):
Contact Name/Principal(s): Telephone:
No. of years in business:
Previous Insurer: Policy No.: Exp. Date:
Previous insurance declined or cancelled?: [] Yes [] No If yes, full details:
Any claims in the last 5 years?: [] Yes [] No If yes, provide full details including date, type of loss, amount paid and outstanding:
Mortgagee/Additional Named Insured/Landlord - Include Loss Payee Name and Address (including Postal Code):
1. Issuer Services Office, ServiceOntario - 5775 Yonge Street, 16th Floor. North York, ON, M7A 2E5
2.
3.

Location Details:

Building (✓ box): [] Single Building Leased [] Multi-Unit Building/Strip Mall [] Enclosed Shopping Mall
[] Single Building Owned - (if owned additional building details will be requested by the broker)
[] Other (describe):
Total Square Footage Occupied by Applicant: Sprinklered?: [] Yes [] No

Physical Protection

Fire Alarm (✓ box): [] None [] Local [] Monitored
Burglar Alarm (✓ box): [] None [] Local [] Monitored

Operational Details

Annual Gross Revenue/Commissions: \$
Number of Employees: Full-Time: Part-Time: Owners/Managers:
Number of Terminals:

Professional Liability Details

Applicant is an(✓ box): [] Individual [] Partnership [] Corporation [] Other (describe):
Has Applicant operated under a different corporate name in the past?: [] Yes [] No If yes, details:

Provide a full description of your operations: Driver & Vehicle - permits and plates, drivers licenses, accessible parking permits, copies of records/abstracts. Health - Ontario health card registrations, renewals, replacements (lost, stolen, damaged). Change of address/Name changes.

Are your operations controlled, owned or associated with any other firm, corporation or company?: [] Yes [] No
If yes, details:

Explain the educational requirements for your profession/employees:

Has the Applicant ever been investigated by, or suspended from practice by the governing body for his/her profession?:

Yes No

If yes, full details:

Provide details of all Errors and Omissions Insurance carried over the past three years if any:

Insurer: Policy #: Period: Limit:

Insurer: Policy #: Period: Limit:

Insurer: Policy #: Period: Limit:

Has the Applicant had similar insurance declined, cancelled or refused during the past five years? Yes No If yes, full details:

During the past five years has the Applicant, partners, principals or employees had one or more claims because of failure to render professional services or are the Applicant, partners, principals or employees aware of any facts, circumstances or allegations which may give rise to a claim? Yes No If yes, full details:

Additional Comments/Information/Remarks

Date Coverage Required: _____

Signature of Applicant: _____

Print Name: _____

Title/Position: _____