BROKER INFORMATION

1. Brokerage Name:

2. Broker Name:

3. Address:
   Street:
   City: Province: Postal Code:

4. Phone: Fax: Email:

5. Would you prefer that we contact you by e-mail or by phone?

   Web Address (if applicable): www.

6. Contacts:
   Agency Principal: Email:
   Contact(s) for Brokers: Email:
                                            Email:
   Contact for Agency Accounting: Email:

7. No. of Employees:

8. Split to Business Volume: Personal: %   Commercial: %
   Commercial Business: $

9. List of Insurers you do business with:

10. List of Wholesalers you do business with:

11. Classes of business or accounts you would like to target:

12. List all provinces that your brokerage is licensed in:

CONDITIONS:

1. *Whether collected or not, you agree to remit payments to be received in AllMed Underwriting Services office by the 30th of each month for that statement month, based on AllMed 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