

Supplemental Application for Canadian Miscellaneous Professional Liability Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.

MORTGAGE BROKERS/MORTGAGE BANKERS SUPPLEMENTAL APPLICATION

Name	e of Applicant's Firm:				
Addro	ess:				
1.	Please indicate the percentages of the Applicant's total operations involving: (Must total 100%)			_	
2.	Does the Applicant have a warehouse line of credit in place? If yes, indicate amount of credit line: (CAD)		Yes		No
3.	Does the Applicant originate any of the following types of mortgage loans? (If yes, indicate percentage of Applicant's total loan volume.)	each	ı to tl	ne	
	Sub-prime: YES% NO% Reverse: YES% NO%				
4.	 (a) Number of loans closed in the past year: (b) Average Loan Value: (CAD) (c) Maximum Loan Value: (CAD) 				
5.	Do any of the Applicant's employees or employees of related entities perform property appraisals?		Yes		No
6. of Ca	Does the Applicant always comply with the The Financial Services Commission of Ontario, The Financial (FCAC), Mortgage Brokerages, Lenders and Administrators Act, 2006 and the Mortgage Brokers Act	?			
7.	Does the Applicant engage in wholesale mortgage lending?		Yes Yes		
,.	If yes, does the Applicant pay yield spread premiums or other fees to mortgage brokers that are not based of				
	rendered?		Yes		No
	If yes, provide details:				
8.	Does the Applicant ever close loans in its own name or that of a related entity?		Yes		No
9.	Is the Applicant a member of the Canadian Mortgage Brokers Association (CMBA)?		Yes		No

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10.	Does the Applicant or an affiliate/subsidiary entity have any ownership or equity interest in any property(ies) for which services are provided? \Box Yes \Box No If yes, please describe interest(s):						
11.	Are there any other companies who own any percentage of the Applicant's company, does the Applicant own any percentage of any other company or is the Applicant in any other way affiliated with any other company?						
	(a) If yes, advise who they are and explain the nature and extent of the relationship(s).						
	(b) For which of these does the Applicant wish to extend coverage?						
12.	Does the Applicant have any written or oral agreements or understandings with any other company that involves the referral of business to or from the Applicant's company?						
	 (a) If yes, advise who they are and explain the nature and extent of the agreements or understandings. (b) If yes, advise if and how any compensation is exchanged under the agreements or understandings. (c) If yes, advise whether the relationships between the companies are disclosed to the individuals involved in the transactions involving these referrals. (d) Please indicate if any such written agreements and/or any such disclosures have been reviewed by an attorney. 						
14.	How much of the Applicant's commission income was derived from sub-prime activities in the past three years? Please indicate years and percentages in space provided. Year/% of total commissions derived from sub-prime activities Year/% of total commissions derived from sub-prime activities Year/% of total commissions derived from sub-prime activities						
LOA	N SERVICING ONLY:						
15.	(a) Total number and dollar volume of loans serviced by the Applicant during the past 12 months:						
	#(CAD)						
	Current Year Prior Year (1) Income property loans%						
	(2) Adjustable rate mortgage loans%%						
	(3) Loans where Applicant acts as subservicer%% (4) Loans that are subserviced by others%%						
	(4) Loans that are subserviced by others%% (5) Servicing purchased within the last 12 months%%						

(6) GNMA pool loans	%	%	
(7) Other loans sold with recourse	%	%	
(8) Loans delinquent from:	%	%	
(a) 30-59 days	%	%	
(b) 60-89 days	%	%	
(9) Loans classified as REO and/or loans in foreclosure	::%		
To complete application, please submit résumés of all principal	ls and key management personi	nel if the Applicant ha	as been in business.
Fraud Warning			
Any person who knowingly and with intent to defraud an insurance or statement of claim containing any materially information concerning any fact material thereto, commit	false information, or concea	als for the purpose of	•
THIS SUPPLEMENTAL APPLICATION IS ATTAC MISCELLANEOUS PROFESSIONAL LIABILITY PO PROVISIONS CONCERNING REPRESENTATIONS MA	OLICY APPLICATION. IT	Γ IS SUBJECT T	
This Application must be signed by the Applicant.			
Signature	Title		Date

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.