



Affiliated Brokers Exchange Ltd.

785 Bridge Street Waterloo, ON N2V 2K1

Name of Broker:	Phone:
Address:	Fax:
Date:	E-mail:

Who is the designated individual?	
R.I.B.O. registration No:	
Any Sub-brokers/sub-offices/branches	
Gross annual premiums from personal lines business	
Geographical territories of clientele:	
Office automation system	
Do you have a website?	If yes – address:
Errors & Omissions policy:	Expiry date: Carrier Limits
Deductibles	
Facility association volume:	

Please list main companies represented:

Company	YTD Volume	Loss Ratio Current	

Please list non-standard automobile companies represented (Please attach Current Production Reports)

Company	YTD Volume	Loss Ratio Current	

Brokerage Personal – Please include all offices & partners and attach a current Staff Listing to application

Name	Title	Yrs. with Brokerage	Duties

How do you attract business into your office (i.e. yellow pages advertising, referrals, etc.) _____

What is the structure for compensation in your office for staff including Producers and Customer Service Representatives? _____