

**OCEANIC Broker Application:
Complete one for each office**

Date _____ Broker License number _____

Registered Name _____

Address _____

City _____ Postal Code _____

Telephone _____ Fax _____ Website _____

Principals _____

History of Brokerage: _____

Key Personnel

Dept	Name	Yrs exp	e-mail
Personal	_____	_____	_____
Commercial	_____	_____	_____
Accounting	_____	_____	_____

Contracted Markets

Yrs appointed % Commercial

Sponsor	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Errors and Omission

Insurer _____ Policy number _____ Limit _____

5 year claim history _____

Number of licensed employees _____

Personal Lines _____ Commercial lines _____

Have any employee been reprimanded by Insurance Council in the past 5 years? If so explain. _____

Do you have and use a trust account? _____

Name: _____ Signature: _____ Date: _____

Oceanic Underwriters Ltd.

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