



## IFB Business Office Package Insurance Application 2017 – 2018

**NOTE: In order to be eligible for the IFB Business Office Package Insurance Program, IFB Membership must be maintained while this policy is in force.**

### GENERAL INFORMATION

Full Name of Individual (if sole proprietor) please print		Full Name of Insured Company (if legal entity)		
Street Address	City	Province	Postal Code	
Telephone (     )	Fax (     )	IFB Membership Number	Membership is Active <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide name(s) of principal(s) of Insured Company (if applicable)

Policy Period:

### LIABILITY INSURANCE

Please provide Description of Operations

Annual Revenue \$	Number of Employees
Annual Payroll \$	

### PROPERTY INSURANCE (Please complete one copy for each location)

Street Address	City	Province	Postal Code
Use of Premises <input type="checkbox"/> Home Office <input type="checkbox"/> Commercial Office		Square Footage	Year Built
If Home Office do you receive clients in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Coverage provided under this policy will only apply to the business operations**

Loss Payable: Name of All Lender(s) and Lessor(s), if any, which must be named in "Loss Payable" Clause

Name of Lender/Lessor	Address		
City	Province	Postal Code	

### CLAIMS EXPERIENCE

Has your business incurred a property or liability claim in the last 5 years?  
 Yes    No   If yes, please describe.

**COVERAGE**

<b>Business Office Package Insurance</b>	<b>Option 1 (Up to 10 Employees and revenues of less than \$2,500,000)</b>	<b>Option 2 (Up to 10 Employees and revenues of less than \$2,500,000)</b>
1. Commercial General Liability: \$2,500 Deductible - Limit of Liability Other Coverages included: \$2,000,000 Tenant's Legal Liability, \$1,000,000 Employers Liability, \$1,000,000 Employee Benefits Liability, \$1,000,000 Non Owned Automobile Liability, \$50,000 SEF#94, SEF#96	<b>\$ 2,000,000</b>	<b>\$ 2,000,000</b>
2. Property Insurance <b>If a higher property limit is required, please contact our office for further assistance</b> Deductibles: Earthquake: 3%, Flood: \$10,000 each and every loss, Flood \$10,000, All Other Losses: \$2,500  Note: Limit does not include coverage for laptops off premises, please contact our office if this coverage is required. Note: If more than one location is to be insured, property limit selected is blanket over all locations.	<b>\$50,000</b>	<b>\$ 100,000</b>
i) Professional Fees ii) Accounts Receivables iii) Valuable Papers iv) Property In Transit	<b>\$ 25,000</b> <b>\$ 50,000</b> <b>\$ 50,000</b> <b>\$ 10,000</b>	<b>\$ 25,000</b> <b>\$ 50,000</b> <b>\$ 50,000</b> <b>\$ 10,000</b>
3. Equipment Breakdown Insurance - \$2,500 Deductible	<b>Included</b>	<b>Included</b>
4. Extra Expense	<b>\$50,000</b>	<b>\$50,000</b>
5. Crime Employee Dishonesty (Excluding Third Party Extension) Money Orders and Counterfeit Currency Loss Inside Loss Outside Depositors Forgery Messenger or Custodian Home	<b>\$ 25,000</b> <b>\$ 10,000</b> <b>\$ 10,000</b> <b>\$ 10,000</b> <b>\$ 10,000</b> <b>Included</b>	<b>\$ 25,000</b> <b>\$ 10,000</b> <b>\$ 10,000</b> <b>\$ 10,000</b> <b>\$ 10,000</b> <b>Included</b>

**PREMIUM CALCULATION**

**Individual or Corporate E&O Plan Participants**

		<b>Effective Date (DD/MM/YY):</b>				
	<b>Liability Limit \$2,000,000</b>	<b>Quarterly Premium Calculation</b>				
	<b>Premium</b>	<b>Mar 1- May 31 (100%)</b>	<b>Jun 1 – Aug 31 (75%)</b>	<b>Sep 1 – Nov 30 (50%)</b>	<b>Dec 1– Feb 28 (25%)</b>	<b>Check One</b>
<b>Option 1 (Up to 10 Employees and revenues of less than \$2,500,000)</b>	\$700.00	\$700.00	\$525.00	\$350.00	\$175.00	<input type="checkbox"/>
<b>Option 2 (Up to 10 Employees and revenues no more than \$2,500,000)</b>	\$800.00	\$800.00	\$600.00	\$400.00	\$200.00	<input type="checkbox"/>

**Manitoba and Ontario residents add 8%, Quebec residents add 9% and Newfoundland residents add 15% premium tax**

**Non E&O Insurance Plan Participants**

	Liability Limit \$2,000,000	Quarterly Premium Calculation				
	Premium	Mar 1- May 31 (100%)	Jun 1 – Aug 31 (75%)	Sep 1 – Nov 30 (50%)	Dec 1– Feb 28 (25%)	Check One
<b>Option 1 (Up to 10 Employees and revenues of less than \$2,500,000)</b>	\$800.00	\$800.00	\$600.00	\$400.00	\$200.00	<input type="checkbox"/>
<b>Option 2 (Up to 10 Employees and revenues no more than \$2,500,000)</b>	\$900.00	\$900.00	\$675.00	\$450.00	\$225.00	<input type="checkbox"/>

**Manitoba and Ontario residents add 8%, Quebec residents add 9% and Newfoundland residents add 15% premium tax**

**PRIVACY CONSENT** - The Client hereby acknowledges that The MAGNES Group Inc. has been retained by the Client to acquire or renew a policy or policies of insurance or to provide Consulting and/or Risk Management Services for the Client, under which the individual Client, or named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereafter collectively called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes The MAGNES Group Inc. to collect, use and disclose personal information of such insured individuals as required and as permitted pursuant to relevant Canadian privacy laws or other relevant Canadian laws.

The Client hereby expressly consents to The MAGNES Group Inc. collecting, using or disclosing personal information of such insured individuals, or providing such personal information to third parties, including the plan sponsor (IFB) and insurance companies, as required by relevant Canadian laws or for the purpose of acquiring or renewing a policy or policies of insurance. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their personal information to The MAGNES Group Inc. for these purposes accordingly. Each of the parties further agrees to safeguard the security of such personal information in a manner appropriate to the sensitivity of that information and as required by relevant Canadian privacy laws. The Privacy Policy of The MAGNES Group Inc. can be viewed at [www.magnesgroup.com](http://www.magnesgroup.com) or can be forwarded to the Client upon request.

I hereby confirm my consent that the policy and any correspondence pertaining to this insurance be issued in the English language.

I hereby confirm my request to have my policy documents through the IFB program sent to me electronically. This arrangement will stay in effect until I issue instructions to the contrary. I acknowledge that email is not a secure medium of communication. Although unlikely, there is the possibility that confidentiality through this medium may be compromised.

**PROGRAM DISCLOSURE:** Your coverages will be placed with a program administered by The Magnes Group Inc. Magnes has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program on a group basis with insurers but we have not acted as a broker for any individual participant.

**Please submit applications to:** Independent Financial Brokers (IFB), 740-30 Eglinton Ave W, Mississauga ON L5R 3E7  
 1-888-654-3333 Fax: 1-888-424-2359  
 Email: amanda.p@ifbc.ca

**Payment can be made by:** Internet/Telephone Banking – no processing charge (call 905-279-2727/1-888-654-3333 for acct. number)  
 OR  
 Cheque payable to Independent Financial Brokers (subject to a processing charge of \$15)

**SIGNATURE**

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of material fact, in the application or otherwise, shall be grounds for rescission of any policy issued in reliance upon such information. I hereby declare that to the best of my knowledge and belief, the above statements and particulars are true, that I have not suppressed or misstated any material facts and I agree that this declaration shall form the basis of the insurance contract prepared on my behalf by the Insurer.

Name (please print)	Signature
Title	
Date (mm/dd/yyyy)	

**Insurance will be made effective from the date of receipt of both correct payment and an application that is reviewed and accepted.**