



## REQUEST FOR DISTRIBUTOR APPOINTMENT

Type of Distributor:  Insurance Broker/Agent/Agency  
 Travel Agent/Agency  
 Other \_\_\_\_\_

PERSONAL INFORMATION			
NAME			
HOME ADDRESS	STREET		
	CITY	PROVINCE	POSTAL CODE
DATE OF BIRTH	(Day/Month/Year)	GENDER <input type="radio"/> Male <input type="radio"/> Female	SIN (For T4A purposes)
TELEPHONE	FAX	EMAIL	

BUSINESS INFORMATION			
NAME OF CORPORATION			
BUSINESS ADDRESS	STREET		
	CITY	PROVINCE	POSTAL CODE
BUSINESS MAILING ADDRESS	STREET		
(If different from business address)	CITY	PROVINCE	POSTAL CODE
BUSINESS TELEPHONE	BUSINESS FAX	BUSINESS EMAIL	WEBSITE URL

<b>LICENSE AND E&amp;O INFORMATION</b>			
Are you currently licensed to sell travel insurance in your home jurisdiction? If YES, please attach a copy of current license. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Province: _____	License No.: _____	Expiry Date: _____	
Are you currently licensed to sell travel insurance outside of your home jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please check off appropriate box and attach copies of current licenses.			
<input type="checkbox"/> Alberta	<input type="checkbox"/> British Columbia	<input type="checkbox"/> Manitoba	<input type="checkbox"/> Saskatchewan
<input type="checkbox"/> Ontario	<input type="checkbox"/> Quebec	<input type="checkbox"/> New Brunswick	
<input type="checkbox"/> Newfoundland	<input type="checkbox"/> Nova Scotia	<input type="checkbox"/> PEI	<input type="checkbox"/> Northwest Terr
<input type="checkbox"/> Yukon Territory		<input type="checkbox"/> Nunavut	
Do you have valid Errors & Omissions coverage? If YES, please attach a copy. <input type="checkbox"/> YES <input type="checkbox"/> NO			
E&O Provider: _____	Policy No. _____	Certificate No. _____	Expiry Date: _____

<b>OTHER INFORMATION</b>	<b>YES</b>	<b>NO</b>
1. Have you had any license or registration of any kind refused, suspended, revoked or been subject to a disciplinary hearing or investigation by any regulatory authority?		
2. Have you ever been found guilty of any crime or offence, other than a misdemeanor, in a court of law in any province or territory, state or country or are you currently the subject of any criminal charges?		
3. Have you been involved in a personal or corporate bankruptcy/insolvency within the past five years? (If yes, please provide copy of discharge document.)		
4. Are there any unpaid judgments/liens against you?		
5. Have you ever been on criminal or regulatory probation?		
6. Has any insurance company ever cancelled a contract with you for reasons other than low production?		
7. Have you ever had a complaint filed against you by an insurance company?		
8. Do you have any outstanding debt with any insurance company?		
9. Will you be engaged or employed in any other business, occupation or profession?		

<b>TRAVEL INSURANCE SALES INFORMATION</b>	
Do you currently sell Travel Insurance products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, which insurance companies/provider do you currently deal with? _____	
What travel insurance products do you currently offer your clients? <input type="radio"/> Emergency Medical <input type="radio"/> Trip Cancellation/Interruption <input type="radio"/> All Inclusive <input type="radio"/> Visitors to Canada <input type="radio"/> Other	
Annual Volume: _____	

<b>DECLARATION AND CONSENT</b>	
<ul style="list-style-type: none"><li>• I hereby certify that the information I have provided are true and correct to the best of my knowledge and belief. I understand that any false statement on the application may be considered as sufficient cause for rejection of this appointment or for termination if such false statement is discovered subsequently.</li> <li>• I hereby acknowledge and declare that I hold all the required and valid licenses to sell the Company's travel insurance products where I am legally authorized to do business and as such, all business is and will be conducted in compliance with all applicable Canadian statutes, laws and regulations.</li> <li>• I hereby authorize Option One Travel Insurance Inc. or its authorized representatives to:<ul style="list-style-type: none"><li>a) contact any organization or individual who has knowledge of my past or present employment and financial status;</li><li>b) conduct a criminal background investigation if required by law or otherwise deemed necessary by Option One Travel Insurance Inc.;</li><li>c) obtain a report from a consumer reporting agency for information concerning my credit score, character, general reputation, personal characteristics and mode of living.</li></ul></li></ul> <p style="margin-left: 40px;">I hereby release said companies/organizations or persons from liability for any damage whatsoever for issuing this information.</p>	
Applicant's Name: _____ Signature: _____ Date: _____	
dd-mm-yyyy	

Note: This document is for information purposes only and does not constitute an official agreement between the applicant and Option One Travel Insurance Inc. If approved, a separate Distributor Contract will outline the specific terms and conditions of the agreement between Distributor and Option One Travel Insurance Inc.