

**Broker registration form**

**Steps to complete:**

1. Complete all information in sections 1, 2 and 3
2. Read and sign section 4
3. Ensure all items are included as indicated in the checklist in section 5
4. Email form and all required supporting documentation to your Relationship Manager

**Section 1 — Brokerage information**

Full legal business name		
Address		
City	Province	Postal code
Telephone/ toll free numbers	Fax	
Central email	Website	
Year brokerage established	Number of employees	
Annual commercial gross written premiums	Percentage financed	Prior year annual commercial gross written premiums
Member of a cluster / network (name)		Agency management system (name, version)
Accounting contact name	Phone number	Email address

**Section 2 — Brokerage management and ownership**

Principal Broker	Ownership percentage
------------------	----------------------

**Section 3 — Background information**

1. Has brokerage ever had a license or registration to do business in a province denied, revoked, suspended, cancelled or non-renewed?  Yes  No
2. Has the brokerage filed for, or been discharged from, any bankruptcy, insolvency or assignment for the benefit of creditors with a filing or discharge date, whichever is later, within the last 5 years?  Yes  No
3. Has the brokerage and/or its principal(s) or any individual broker or employee ever been convicted of any offence or other crime involving dishonesty or a breach of trust that would prevent or disqualify them from engaging in the business of insurance?  Yes  No

---

**Section 4 — Brokerage representation**

I/We certify, on behalf of the brokerage, that if the brokerage requests FIRST Insurance Funding of Canada Inc. (FIRST) to finance any insurance policy(ies), that (those) insurance policy(ies) will, in all cases (unless otherwise brought to the specific attention of FIRST electronically or in writing), (i) be cancelable, (ii) provide a standard short-rate or pro-rata return premium, (iii) not be fully earned up front or upon occurrence of any event, (iv) be for an insured that is not in bankruptcy, creditor protection, receivership, or insolvency, (v) be 12 months in term, (vi) not require notice to cancel by the insured, (vii) all minimum retained needs to be disclosed, (viii) be issued by a brokerage that is authorized to issue the policy(ies) on behalf of the insurance company(ies) or managing general agent(s)/wholesaler(s), and (ix) be insurance issued for commercial purposes only. I/We recognize that FIRST relies on these assertions in deciding whether or not to enter into any premium finance contract.

I/We agree to maintain the original copy of all premium finance contracts for the duration of the loan and any renewal of that loan.

I/We hereby certify that all information included in this broker registration form is true and correct to the best of my/our belief.

I/We hereby authorize FIRST Insurance Funding of Canada to obtain necessary information to complete their carrier references and policy information verification.

\_\_\_\_\_ Date \_\_\_\_\_  
Authorized representative

\_\_\_\_\_ Date \_\_\_\_\_  
Authorized representative

---

**Section 5 — Registration form checklist**

Please ensure the following items are included:

Void cheque or complete the Direct Deposit Authorization form for the following applicable accounts:

- CAD funding
- CAD commissions
- USD funding
- USD commissions

- List of insurance carriers
- List of insurance wholesalers
- Signatures in section 4