



BROKER ACCOUNT APPLICATION

Full Legal Name:	
Broker Principal(s) – Titles	
1:	2:
3:	4:
Address:	City:
Province:	Postal Code:
Website:	
Accounting Contact Name and Email Address:	

BROKER PROFILE

Phone:	Fax:	Email:	
Years in Business:	No. of Offices:	No. of Employees:	
Gross Written Premium (previous year):	% Commercial:	% Personal:	
Annual Financed Premiums:			

BROKER LICENSE

Broker License Number:	Provinces registered in:
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SPECIALTY LINES OR PROGRAMS

Industry/Program	Gross Written Premium

ADDITIONAL INFORMATION REQUIRED

1. Attach copy of void cheque for funding.
2. Complete “Schedule A” withlists of:
 - Insurance companies and MGAs, and
 - Users to be added to online quoting.

ANY QUESTIONS?

Contact your Imperial PFS Canada Account Manager.



BROKER APPLICATION FORM Schedule A

This form must accompany your Broker Application Form.

INSURANCE COMPANIES / MGAs

Company Name	City / Province

SPF PORTAL USERS

First and Last Name	Title	Email Address