



BROKER ACCOUNT APPLICATION

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|--|--------------|
| 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

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|------------------------|--------------------------|
| Broker License Number: | Provinces registered in: |
|------------------------|--------------------------|

SPECIALTY LINES OR PROGRAMS

| Industry/Program | Gross Written Premium |
|------------------|-----------------------|
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ADDITIONAL INFORMATION REQUIRED

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

ANY QUESTIONS?

Contact your SNAP Premium Finance Account Manager.



BROKER APPLICATION FORM Schedule A

This form must accompany your Broker Application Form.

INSURANCE COMPANIES / MGAs

| Company Name | City / Province |
|--------------|-----------------|
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IMPERIAL PFS CANADA PORTAL USERS

| First and Last Name | Title | Email Address |
|---------------------|-------|---------------|
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