



AAMGA[®]



American Association of
Managing General Agents

610 Freedom Business Center | Suite 110
King of Prussia, PA 19406
Phone 610-992-0022 | Fax 610-992-0021
www.aamga.org

APPLICATION FOR CANADIAN WHOLESALER INSURANCE MEMBERSHIP

*Application is hereby made for Canadian Insurance Wholesaler
Membership in the American Association of Managing General
Agents and in this regard, the following is submitted.*

Firm Name _____

Mailing Address _____

City _____ Province _____ Zip _____

Email _____ Phone _____ Fax _____

Contact Person _____

Toll Free No. _____ Website _____

Date Firm Established _____ Province of Domicile _____

Applicant is Individual Sole Proprietorship Corporation Limited Liability Co. Partnership

Business Name and Locations of any branch office(s) _____

Names and Titles of Owners, Officers of the firm (a brief resume of the business industry experience of each officer or partner on a separate sheet is required)

Is the Insurance Wholesaler owned by:

An Insurance Company? If "Yes," explain _____

A Local Agency? If "Yes," explain _____

Other? If "Yes," explain _____

Describe any other business conducted by the applicant _____

Total number of employees _____ Consisting of Underwriters Field Personnel Other

Total amount of AWP for last fiscal year CN\$ _____

Are you an Insurance Wholesaler who:

1. Has been primarily engaged as a Insurance Wholesaler for at least one (1) year preceding application? Yes No

(i) Exception: If the owners/principals have been in the wholesale business under another name previously (that was an AAMGA member) or employed previously (for at least 2 years) by another AAMGA member in good standing, the Board can waive the time in business requirement;

2. As of the date of membership, have you represented at least one (1) insurance market for at least one (1) year pursuant to underwriting authority to bind, issue, cancel, endorse, rewrite, and renew policies, in accordance with your contractual authority, for at least one (1) line of business, and where the insurance market shall not have more than ten percent (10%) ownership of or in the insurance wholesaler? Yes No

3. As of the date of membership, you do not have more than 25% of your total annual premium volume placed with an insurance carrier (risk bearing entity) that is owned by the insurance wholesaler? Yes No

4. As of the date of membership, the Insurance Wholesaler must operate in the capacity of supervising, underwriting, processing, and accounting for the production of premium volume of at least \$1,000,000 (one million dollars), for the twelve (12) months preceding the date of the application, of which 75% (seventy-five percent) of the total annual written premium must come from sub-producers not owned by the insurance wholesaler, or that owns the wholesaler?
 Yes No

5. The Insurance Wholesaler shall complete a membership application; have the insurer verify the nature and extent of underwriting authority; submit a favorable letter from an officer of the applicant's Lloyd's broker, receive the majority vote from the Board, and pay the annual dues. In order to complete the membership application process, the applicant must substantiate in writing having met all the qualifications and minimum requirements set forth in the AAMGA's Bylaws; and

6. The applicant must agree to implement the goals/objectives of Association, and comply with the Code of Ethics.

Please list the Provinces and any US states in which you are doing business _____

Names and address of companies with whom you are contracted. **One** line of Business written for the insurer, territory, admitted or excess and surplus lines, and date appointed **(at least 1 year.)**

Please supply all requested information. Incomplete applications will not be processed.

Company _____ Contact Person _____

Address _____ E-mail _____

City _____ Province _____ Country _____ Zip _____

Phone _____ Fax _____

Lines of Business (2) 1. _____ Territory (list specific Provinces) _____

Admitted Excess and Surplus Lines Date Appointed (Mo/Day/Year) _____

Has the firm or any partner, officer, director, shareholder, employee or consultant:

Ever had an insurance license refused, suspended, or revoked in any state Yes No

Ever been convicted of forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, any other felony or any other crime involving moral turpitude Yes No

Has any agency contract been cancelled for cause Yes No

If the answer is "Yes" to any of the above questions, please give complete details on a separate sheet.

A favorable sponsorship letter from an **officer of the applicant's Lloyd's broker** must be included with this application or sent directly from the sponsor to the AAMGA office either via email or hard copy.

Please list the Lloyd's Broker sponsor whom you have contacted to provide the sponsoring letter (this section must be completed)

1) Lloyd's Broker _____

Officer Name _____

Address _____

City _____ Country _____ Zip _____

I hereby give my permission for any investigation or verification that may be requested or performed by, or on behalf of the Association in connection with this application.

Information on application is valid only for 12 months from date of signature. After 12 months complete reapplication is required.

We pledge to conduct ourselves in a manner befitting the privilege of membership in the American Association of Managing General Agents.

By execution hereof, the undersigned certifies (1) qualification for Canadian Wholesaler Insurance Membership in the AAMGA as set forth in the Bylaws; (2) that AAMGA's Code of Ethics has been read and is understood; (3) that the undersigned will abide by AAMGA's Bylaws as they may be amended from time to time, and (4) that the undersigned is not aware of any current or past violation, or reason why the letter and spirit of the Code of Ethics cannot be strictly observed by the applicant and the undersigned agrees to so observe the AAMGA Code of Ethics.

Name of Firm _____

Signature _____ Title _____ Date _____

Note: Dues may be deductible to members for Federal Income Tax purposes as ordinary and necessary business expenses. Dues are NOT deductible as charitable contributions.