

Brokerage Registration Form

Macquarie Premium Funding



STEPS TO COMPLETE:

1. Sign the bottom of Page 2 where indicated
2. Please include:
 - A list of the registered Commercial Lines Carriers/General Agencies your brokerage deals with (include branch, address, tel. & fax #'s and contact person)
 - A list of the registered Commercial Lines Wholesalers the brokerage deals with (include branch, address, tel. & fax #'s and contact person)
 - A copy of a void Trust Account cheque. (Note: funding of premiums will be electronically deposited into the brokerage trust account). Please notify us of any changes to this account.
3. Fax all pages, plus the above mentioned supporting material to 1 888 232 2209

Section 1 - Brokerage Information

Full Legal Business Name		
Business Number		
Address		City
Province	Postal Code	Telephone
Fax	E-Mail	Website
Year Brokerage Established		Legal Structure
Annual gross written premiums:	2008 Amount	2007 Amount
Annual gross written premiums financed:	2008 Amount	2007 Amount
% of Commercial Premium Financed		
Member of a cluster / network (name)		
Agency management System (name, version)		

Section 2 - Brokerage Registration and Licencing

Province:	Licence/Registration Number:
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(If applicable, please attach additional provincial licence /registration numbers)

Section 3 - Brokerage Management and Ownership

Name	Broker Number	Ownership%
Senior Officer		
Majority Owner		
Principal Broker		

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Section 4 - Background Information

1. Has brokerage ever been disciplined, fined or censored by a provincial/federal regulatory body, self-regulatory body, or court?
YES _____ NO _____
2. Has brokerage ever had a license or registration to do business in a province denied, revoked, suspended, cancelled or non-renewed?
YES _____ NO _____
3. Is the brokerage indebted to any insurance company, general agent, manager or broker over 60 days past due?
YES _____ NO _____
4. 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 _____
5. Has the brokerage ever had a contact or appointment cancelled involuntarily, except for reasons other than lack of production?
YES _____ NO _____
6. 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 _____
7. Is the brokerage now the subject of any complaint, investigation or proceeding that could result in a "YES" answer to any of the previous questions?
YES _____ NO _____

Section 5 - Representations

I/We certify, on behalf of the brokerage, that if the brokerage requests Maquarie Premium Funding to finance any insurance policy(ies), that (those) insurance policy(ies) will, in all cases (unless otherwise brought to the specific attention of Maquarie Premium Funding 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) not have any minimum retained, (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 Maquarie Premium Funding 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.

Authorized Representative

Date Signed

Authorized Representative

Date Signed

Macquarie Premium Funding Inc. 20 Toronto Street, 10th Floor, Toronto, ON M5C 2B8 • Tel: 1 (888) 232 2238 • Fax: 1 (888) 232 2209

Macquarie Premium Funding Inc. (MPF) is not an authorized deposit taking institution for the purposes of the Banking Act (Cwth) 1959. MPF's obligations do not represent deposits or other liabilities of Macquarie Bank Limited ABN 46 008 583 542 (MBL). MBL does not guarantee or otherwise provide assurance in respect of the obligations of MPF, unless noted otherwise. MPF is not regulated as a bank or other financial institution or as a holding company thereof.

FORM CODE: MPF_BkrRegist_EN_051309

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Reference Authorization

To the underwriter concerned;

I, hereby, authorize Maquarie Premium Funding to obtain necessary information to complete their references and policy information verification.

Authorized Representative

Date Signed

Title

Brokerage

