



Name of Agency:		Name of Agent:	
Address:			
Telephone:		Fax:	
E-Mail Address:		Do you use ICS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Insurance #*			
Name of Assistant:			

\* If you are not operating an incorporated company, please also provide your Social Insurance Number.

Please send a photocopy of your personal life insurance license and a copy of your errors and omissions insurance. If you are operating an incorporated company, please also send a copy of your corporate license.

Thank you for your interest in MDM Insurance Services Inc. It is our intent to provide brokers and agents with superior service for their clients. Please complete the following questions to assist us in determining your needs.

Before approval, a member of MDM will be in contact with you for further discussions on our services and procedures for quotation, implementation and servicing of our product.

1. How did you find out about MDM? \_\_\_\_\_

2. Do you do joint field work or share commissions with another agent?  Yes  No  
If yes, list agent(s): \_\_\_\_\_

3. Do you currently have clients that have ASO benefits?  Yes  No

4. How long have you been licensed to sell Life Insurance? \_\_\_\_\_

5. How long have you been active in the group market? \_\_\_\_\_

6. What percentage of your time is spent on group activities? \_\_\_\_\_

7. How many group insurance plans do you personally service? \_\_\_\_\_

8. Please list your group life and health designations, qualifications and/or training, indicating the date completed:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

9. Have you ever been convicted of a crime of a financial nature for which you have not been pardoned?  Yes  No

10. Have you ever undergone investigation by a regulator?  Yes  No

11. Have you ever been the subject of disciplinary procedures by a regulator?  Yes  No

12. Other insurers you currently represent? \_\_\_\_\_, \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For MDM Use Only</i>
Date Agent Approved: _____

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