



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

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 life 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. Have you contacted MDM based on a referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who referred you? _____		
2. Do you currently receive quotations from The Co-operators or from brokers representing The Co-operators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details: _____		
3. Do you do joint field work or share commissions with another agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list agent(s) _____		
4. Do you currently have clients that have ASO benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. How long have you been licensed to sell Life Insurance?	_____	
6. How long have you been active in the group market?	_____	
7. What percentage of your time is spent on group activities?	_____	
8. How many group insurance plans do you personally service?	_____	
Agent Signature: _____	Date: _____	

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

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