

Reporting Form Regarding Life Agents

Life Agent's Name		Life Insurer Reporting
Life Insurance Agent's Licence Number	Province	Date
Evidence which suggest:		
<input type="checkbox"/> Churning	<input type="checkbox"/> Lack of Competence	<input type="checkbox"/> Privacy Violation
<input type="checkbox"/> Coercion	<input type="checkbox"/> Licensing Violation	<input type="checkbox"/> Premium Rebating
<input type="checkbox"/> Conflict of Interest	<input type="checkbox"/> Misappropriation of Client Funds	<input type="checkbox"/> Replacements
<input type="checkbox"/> Forgery	<input type="checkbox"/> Misrepresentation/Disclosure	<input type="checkbox"/> Tied Selling
<input type="checkbox"/> Fraud	<input type="checkbox"/> Misrepresentation to Company	<input type="checkbox"/> Twisting
<input type="checkbox"/> Holding out Violation	<input type="checkbox"/> Money Laundering	<input type="checkbox"/> Untrustworthiness
<input type="checkbox"/> Inducements	<input type="checkbox"/> Poor Product - Client Suitability	<input type="checkbox"/> Other _____
Company has investigated:	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Life agent's contract has been terminated:	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Contact person of Life Insurer:		Phone:
		()
For use by Ontario Insurance Commission:		
<i>This report is submitted pursuant to the immunity provisions set out in applicable insurance regulation.</i>		