



Finance
Office of the Superintendent of Insurance

1723 Hollis Street
7th Floor
PO Box 2271
Halifax, NS
B3J 3C8

Phone: 902.424.6331
Fax: 902.424.1298
Email: fininst@gov.ns.ca

Our File #

Name of Agent / Agency _____

1. **Fiscal year-end** _____

2. **Errors and Omissions Insurance**

Insurer _____

Policy limits _____

Expiry date _____

List of licensed brokers covered (Attach list)

3. **Fidelity Insurance**

Insurer: _____

Policy limits: _____

Expiry date: _____

Authorized Signature

Name / Title (please print)

Date



Finance
Office of the Superintendent of Insurance

1723 Hollis Street
7th Floor
PO Box 2271
Halifax, NS
B3J 3C8

Phone: 902.424.6331
Fax: 902.424.1298
Email: fininst@gov.ns.ca

Our File #

**TRUST ACCOUNT RECONCILIATION WORKSHEET
NOVA SCOTIA INSURANCE ACT**

To: Superintendent of Insurance

In accordance with the requirements of Regulations 14 to 18 inclusive of the Nova Scotia Insurance Act, the following trust account reconciliation worksheet with respect to the trust account

maintained by _____ has been prepared

(Name of agency or agent - please print)

as at _____ and is submitted, in accordance with Regulation 13:

(Date)

ASSETS

- 1. Cash on hand and bank balances of trust accounts _____
- 2. Total premiums receivable _____
- 3. Less 1/3 of premiums over 90 days from insurer's billing date _____
- 4. Allowable premiums receivable (Line 2 minus Line 3 = Line 4) _____
- 5. Investments held in trust as allowed by regulation _____
- 6. **TOTAL ASSETS (Lines 1+4+5)** _____

LIABILITIES

- 7. Payables to insurance companies _____
- 8. Deferred Premiums * _____
- 9. Refunds due to insureds _____
- 10. **TOTAL LIABILITIES (Lines 7+8+9)** _____
- NET TRUST POSITION (Line 6 minus line 10)** _____

** Deferred premiums are premiums paid towards a policy, by the insured for which the insurance agent or agency has not been billed by the insurer.*

The information contained in this report is correct to the best of my knowledge and belief:

Date

Authorized Signature

Name / Title (please print)



Finance
Office of the Superintendent of Insurance

1723 Hollis Street
7th Floor
PO Box 2271
Halifax, NS
B3J 3C8

Phone: 902.424.6331
Fax: 902.424.1298
Email: fininst@gov.ns.ca

Our File #

INFORMATION SHEET

1. Name of insurance agency _____

2. Location of head office _____

3. Telephone _____ Fax _____

4. Location of branch office(s) _____

5. Name and telephone number of person preparing trust account: _____

6. Type of accounting system used; i.e. Agency Manager, etc.:

Please specify _____

7. Approximate dollar amount of gross premiums written annually: \$ _____

8. If investments held in trust, please specify what type / maturity date: _____

9. Name, address and telephone number of accountant/auditor used by the agency:

Authorized Signature

Date