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Finance
Office of the Superintendent of Insurance

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

**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 and other brokers _____
- 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)

INFORMATION SHEET

1. Name of insurance agency:

2. Location of head office:

3. Telephone Number _____ 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: _____