

1723 Hollis St 4 th Floor Halifax NS B3J 1V9 PO Box 2271 Halifax NS B3J 3C8 Bus: 902 424-6331

Fax: 902 424-1298 E-mail:fininst@gov.ns.ca

Department of Finance

Financial Institutions Division

EXTRA-PROVINCIAL TRUST ACCOUNT FILING QUESTIONNAIRE.

1.	The dollar amount of premiums written in Nova Scotia	
2.	The percentage of premiums for business written in Nova Scotia in relation to total premiums written for the agency	
3.	The dollar amount of funds held in an extra-provi premiums collected from clients in Nova Scotia	-
accour	rivilege to hold the required funds, covering premiunt in your agencies' home jurisdiction is granted by Scotia.	
that a	er to satisfy our office that the requirement of the Incopy of your annual financial statement for the conf your trust account filings.	5 , 1
In add	ition, please have the following signed and dated b	y the applicable persons.
to cov	ands held in the trust account in the agency's home er the outstanding premiums to be paid to the insurants for business written in Nova Scotia.	•
Presid	ent	Date
Treasu	nrer/Accountant	Date