

Application For A New General Insurance Agent Licence or Broker Licence

For regulator's use only	
Approved	_____
Licence No.	_____
Date Issued	_____
Date Expires	_____

1. Personal Identification / Qualification Information (PLEASE PRINT)			
Last name (Legal name) _____			
2. First name (Legal name) _____		Middle name(s) (in full) _____	Preferred name if different _____
3. Have you ever been known by another name, legal or otherwise ?			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please write name here _____			
4. Birth Date		Sex	
Y Y Y Y	M M	D D	M F
		<input type="checkbox"/> <input type="checkbox"/>	
5. Residential Address			Home Telephone
Street Name and Number, Suite, etc. _____			()
			Home Fax (if applicable)
			()
City/Town _____	Province _____	Postal Code _____	e-mail (if applicable) _____
6. Business Name & Address			Business Telephone and extension (if applicable)
Street Name and Number, Suite, etc. _____			()
			Business Fax (if applicable)
			()
City/Town _____	Province _____	Postal Code _____	Business e-mail (if applicable) _____
7. Address for correspondence : Residential <input type="checkbox"/> Business <input type="checkbox"/>			
8. Consent to the Collection, Use and Disclosure of Information			
<p>I hereby consent to the collection, by the licensing authority, of such personal information and such additional information about me, as may be necessary in order to complete or verify the information contained on the application form and to determine if I am qualified to have a licence as an insurance agent or broker.</p> <p>The legal authority for the collection of this information is provided by the legislation and regulations governing the licensing and regulation of insurance agents and brokers by the applicable licensing authority in the jurisdiction in which I am applying for a licence.</p> <p>I further authorize and consent to the licensing authority conducting a licensing check and the obtaining from any licensing authority the details of licensing status and details of any disciplinary proceedings against me for breaches under any licensing legislation, rules or by-laws as well as any investigations that are outstanding against me under such legislation, rules or by-laws.</p> <p>I further and specifically authorize and consent to the licensing authority conducting a criminal record check, and the obtaining from any law enforcement agency the details of any convictions or findings of guilt against me for any offences under federal or provincial legislation as well as any charges that were or are outstanding against me under such legislation.</p> <p>I further authorize any law enforcement agency to release to the licensing authority such details of convictions and outstanding charges as aforesaid and this form shall be their good and sufficient warrant, discharge and authority for doing so.</p> <p>I further consent to the licensing authority obtaining any information about me from any credit bureau or from any other credit information source, as permitted by law in any jurisdiction in Canada or elsewhere.</p> <p>And I furthermore authorize the licensing authority to disclose any of this information to a sponsoring company, other licensing authorities and regulators or law enforcement agencies.</p>			
Signature of Applicant _____			Date
			Y Y Y Y M M D D

9. Licence Requested and Qualifications

**I am applying for the following licence:
Applicants must check one box only**

NEW:

1. General Insurance Agent Licence

2. General Insurance Broker Licence

10. Do you hold a general insurance agent or broker licence in your home jurisdiction?

No Yes

If yes, please state licence number(s) _____

Note: Please provide Certificate of Authority if required to do so by the jurisdiction to which you are applying. (See Appendix A for details)

11. Qualifications of candidates applying for a new licence: I hold requisite qualification for the jurisdiction to which I am applying, as indicated in the box below. (See Appendix A for appropriate code).

Course Code

12. Employment History For The Past Five Years (Include months, years and periods of unemployment)

Employer's Name	Date		Position Held	Reason for Leaving
	From (yy/mm)	To (yy/mm)		

Disciplinary Action, Bankruptcy, Judgements and Civil Proceedings

13. Have you **ever** had a licence or registration to deal with the public refused, revoked, suspended or cancelled or subject to any restrictions or conditions?

No Yes If yes, please attach details

14. Do you have any other occupation or employment other than as an insurance agent?

No Yes If yes, please attach details

15. Have you **ever** been successfully sued or has a complaint **ever** been made against you to a regulatory body in any province, territory, state, or country that was or is, based in whole or in part, on fraud, theft, deceit, misrepresentation, forgery, or similar conduct; or based in whole or in part, on professional negligence or misconduct (including claims paid by your errors and omissions insurance carrier or bonding company)?

No Yes If yes, please attach details

16. Have you **ever** been subject to discipline or are you currently the subject of an investigation by a regulatory authority in this jurisdiction or elsewhere?

No Yes If yes, please attach details

17. Have you **ever** been declared bankrupt or made a voluntary assignment in bankruptcy or are you currently an undischarged bankrupt?

No Yes

If yes attach details, including trustee's name and address, location of bankruptcy filing, assignment of bankruptcy or receiving order, statement of affairs, and an explanation as to the circumstances of the bankruptcy.

18. Have you **ever** been an officer or director or a controlling shareholder in a corporation or partnership that made a voluntary assignment in bankruptcy or is currently an undischarged bankrupt?

No Yes If yes, please attach details as in question 17

19. Are you currently a defendant in any civil proceeding or are there any unsatisfied judgements imposed by a civil court, in Canada or elsewhere, against you personally or against a business in which you have an interest of at least ten percent?

No Yes If yes, please attach details

20. Have you **ever** applied for a surety bond, fidelity bond or errors and omissions insurance and been refused or have you ever had a surety bond or fidelity bond revoked or errors and omissions insurance cancelled?

No Yes If yes, please attach details

21. Have you **ever** been convicted or charged, or are you currently charged with any offence under any law of any province, territory, state or country, or are you currently the subject of any charges?

No Yes If yes, please attach details

22. Has any partnership or company of which you are or were at the time of such an event a partner, officer, director or shareholder, **ever** pleaded guilty or been found guilty, or is any such partnership or company currently the subject of a charge or indictment, under any law of any province, state or country for contraventions, offences or other conduct relating to the business of insurance, selling of policies or any other activity related to insurance?

No Yes If yes, please attach details

23. Have you **ever** had an employment or business relationship or association with a volunteer organization terminated for breach of confidentiality, breach of trust, fraud, misappropriation of funds, theft, forgery, sexual harassment, or physical assault?

No Yes If yes, please attach details

24. **Errors and Omissions Insurance** (See Appendix A for jurisdiction-specific requirements.)

I shall maintain Errors and Omissions insurance if required in the jurisdiction to which I am applying.

If Group Policy provide name of group: _____

Name of E & O insurer: _____

E & O Policy and / or certificate number : _____ Expiry Date: _____

25. Declaration/Attestation

- I agree that by signing this application I accept responsibility for these answers and undertakings.
- I understand and will comply with the laws governing the licence I am applying for in the jurisdiction in which I am applying.
- I agree to maintain E&O coverage as required by this jurisdiction during the term of this licence.

Signature of Applicant

Date

Y Y Y Y

M M

D D

26. **Sponsor's Attestation: Notice of Appointment of Agent by Sponsoring Company**

Note: If you are applying for a General Insurance Agent Licence, your sponsoring company must complete this section of the application form.

Please Print.

Applicant's Name

is hereby sponsored and authorized in writing to act as an agent of

Name of Company:

The sponsoring company has investigated the record of the applicant, and confirms the following:

- That the general agent is a person of good character and reputation;
- That the general agent possesses an educational background that is appropriate to the responsibilities of an agent of the sponsoring company;
- That the general agent meets all licensing requirements and is a suitable person to receive a licence as an Insurance Agent; and
- If the applicant resides in a jurisdiction other than the one to which they are applying, the sponsoring company has seen the original Certificate of Authority, and will forward a copy to the licensing authority;
- The sponsoring company has established and maintains a system to ensure that each agent complies with the legal requirements in the jurisdiction where he/she is licenced.

THE ABOVE APPLICANT WILL NOT ACT AS AN AGENT UNTIL A LICENCE IS ISSUED.

If the sponsoring company or partnership terminates the sponsorship of this agent, it must provide written notice to the licencing authorities, including the reasons for the termination, in accordance with the time frame laid out in the Act, Regulations or By-Laws of the jurisdiction where the agent is licenced. (See Appendix A for jurisdiction-specific information).

The sponsor confirms that they have reviewed the completed application form.

Sponsoring Company and Address (complete each box)

Authorized Officer Print Name	Signature	Title			
Phone Number ()	E-mail Address	Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; text-align: center;">Y Y Y Y</td> <td style="border-right: 1px solid black; text-align: center;">M M</td> <td style="text-align: center;">D D</td> </tr> </table>	Y Y Y Y	M M	D D
Y Y Y Y	M M	D D			

Jurisdiction-Specific BRITISH COLUMBIA

1. AUTHORIZATION AND IF APPLICABLE, AGENCY, FIRM, OR SOLE-PROPRIETORSHIP YOU WILL REPRESENT

(a) Full legal name: _____

(i) Address: _____
NUMBER STREET PROVINCE/STATE POSTAL/ZIP CODE

(ii) Business telephone number: (_____)_____-_____- (iii) Fax Number: (_____)_____-_____-

(b) If applying for an agent's licence, do you have the authority to represent at least one insurance company authorized to do business in British Columbia upon issuance of a licence? YES NO

(i) You are currently provided this authority by:
The Agency noted in Question 1 (a) OR Directly with an insurer

(ii) Evidence of representation is attached. YES AS PREVIOUSLY FILED WITH COUNCIL

(c) Do you have authority to represent more than one insurance company?
 If YES, attach list of insurer names. YES NO

2. CERTIFICATE OF APPROVAL BY INTENDED AGENCY OR FIRM

We have reviewed the details contained in this application (including all exhibits) and confirm we support this application.

We understand we are required to notify the Insurance Council of British Columbia, in writing within five (5) business days, if this applicant's authority to represent our agency or firm ceases and advise you where there are issues related to the applicant's suitability or conduct as a licensee.

DATE	NAME OF AGENCY OR FIRM	SIGNATURE	PRINT NAME AND TITLE
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3. ADDRESS FOR SERVICE

If the residential and /or business address on the application is a post office box that is not suitable to permit service in British Columbia by registered mail, please provide an address that is suitable for service by registered mail.

Address
 Number and Street, Suite., etc.

City/Town	Province BRITISH COLUMBIA	Postal Code
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Jurisdiction-Specific

NEW BRUNSWICK

1. Name of Agency/Corporation _____

2. Name of the financial institution for trust account _____

3. Address of the financial institution for trust account _____

**Jurisdiction-Specific
NOVA SCOTIA**

1. Name and address of Agency where you will be or are employed.

Address Number and Street, Suite., etc.

City/Town	Province	Postal Code
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2. Are you currently licensed/registered for the sale of any other financial products or services. if yes, please provide details and jurisdiction(s):

Jurisdiction-Specific Ontario

1. I am familiar with the laws of Ontario relating to the licensing of insurance agents and promise to abide by these laws and regulations.
2. This application is not made for the express purpose of obtaining a licence to act as a general insurance agent in respect of any particular risk or risks, or merely to obtain an agent's commission for insurance on my own property or on the property of my family, employer or fellow employees.
3. I will hold myself out publicly and carry on business in good faith as an insurance agent only in the name in which I am licensed.
4. I am legally entitled to work in Canada.
5. As a licensed agent, I will not be engaged in any business or occupation that would jeopardize my integrity, independence or competence.
6. If the residential and or business address on the application is not in Ontario, or the addresses are post office boxes in Ontario, I have provided below an Ontario address that is not a post office box and is suitable for service by registered mail.
7. If I am licensed in a Canadian jurisdiction outside Ontario and am applying for the same licence in Ontario, I confirm that I have successfully completed the Ontario quiz on automobile insurance.

Address

Number and street, Suite, etc.

City/Town**Province****ONTARIO****Postal Code**

I hereby state that the information provided is accurate and that all declarations made in this entire application are true and complete.

Signature of Applicant**Date (yyyy/mm/dd)**

Jurisdiction-Specific QUEBEC

1. You must choose your representative's certificate according to the sector class in which you wish to pursue your activities as a representative. Check only the sector class in which you wish to pursue your activities.

Practice in the sector class only

Personal-lines damage insurance

Commercial-lines damage insurance

2. Choice of Ways to Carry on Business

The choice of your way to carry on business is a crucial stage. In fact, you must confirm to us how you intend to pursue your activities. To obtain from the AMF the validation of your right of practice, you must have a representative's certificate in addition to provide your way of carry on business. Please chose only one way, that is A, B or C.

a). Independent representatives

If you wish to pursue activities as an independent representative, you must complete the *Application for Registration - Independent Representative* available on our Web Site (www.lautorite.qc.ca) and attach it to your application for a certificate.

I wish to pursue my activities as an:

independent representative

 Other name used in Quebec, if applicable

b). Representative affiliated with one or more firms

This declaration must be completed by the officer responsible for each firm for which you want to be affiliated. If you want to be affiliated with more than one firm, please attach a photocopy of this section to your application.

We are hereby attesting through this declaration that _____ will be
 Name of the applicant

As an employee

OR

Without being an employee

affiliated with our firm for the pursuing of his activities in the following sector or sector class:

Damage insurance (personal-lines and commercial-lines)

Agent

Broker

Personal-lines damage insurance

Agent

Broker

Commercial-lines damage insurance

Agent

Broker

Name of the officer responsible
or the authorized signatory

Name of the firm

Registration No.

Signature of the officer responsible
or the authorized signatory

Date: ____ / ____ / ____
day month year

c). Representative affiliated with an independent partnership

This declaration must be completed by the partner of the independent partnership with which he/she wants to be affiliated. We are hereby attesting through this declaration that _____ will be

As an employee **OR** Name of the applicant
As an officer

affiliated with our firm for the pursuing of the following sector of sector class:

Damage insurance (personal-lines and commercial-lines)	<input type="checkbox"/>	Agent	<input type="checkbox"/>	Broker
Personal-lines damage insurance	<input type="checkbox"/>	Agent	<input type="checkbox"/>	Broker
Commercial-lines damage insurance	<input type="checkbox"/>	Agent	<input type="checkbox"/>	Broker
	<input type="checkbox"/>		<input type="checkbox"/>	

Name of the officer responsible _____ Name of the firm _____ Registration No. _____
or the authorized signatory

Signature of the officer responsible _____ Date: ____/____/____
or the authorized signatory day month year

3. Has a curator advisor been assigned to you ? Yes No

4. Are you in default of paying any outstanding fines, costs and interest imposed by:

a) Any of the discipline committees of the following bodies: Yes No

- the Conseil des assurances de personnes,
- the Association des courtiers d'assurances de la province de Québec,
- the Association des intermédiaires en assurance de personnes du Québec,
- the Conseil des assurance de dommages,
- the Chambre de la sécurité financière,
- the Chambre de l'assurance de dommages,
- the Association des courtiers et agents immobiliers du Québec;

b) the discipline committee of a professional association or a professional order; Yes No

c) the Commission des valeurs mobilières du Québec; Yes No

d) the court of Québec sitting in appeal from a decision of any such committee. Yes No

5. Do you owe sums of money other than your annual contribution, to a compensation fund established under the Act respecting financial intermediaries of the Fonds d'indemnisation des services financiers? Yes No

6. Are you under a suspension imposed by the Chambre de la sécurité financière, the Chambre de l'assurance de dommages or by any of the discipline committees of the following bodies:

- the Conseil des assurances de personnes,
- the Association des courtiers d'assurances de la province de Québec,
- the Association des intermédiaires en assurance de personnes du Québec,
- the Conseil des assurance de dommages;

Yes No

b) Are you under an exclusion order of:

- any of the discipline committees of the following bodies:
- the Conseil des assurances de personnes,
- the Association des courtiers d'assurances de la province de Québec,
- the Association des intermédiaires en assurance de personnes du Québec,
- the Conseil des assurance de dommages;
- the Association des courtiers et agents immobiliers du Québec;
- the Commission des valeurs mobilières du Québec

7. Are you in default of paying any fine related to the commission of an offence under any of the following acts:

- the Act respecting market intermediaries
- the Act respecting the distribution of financial products and services
- the Securities Act
- the Real Estate Brokerage Act

Yes No

I declare that the information contained in the application for a Certificate is true. I promise that I will inform the *Autorité des marchés financiers* of any change to the information in this application, within 10 days, of the date on which it occurs.

Signature Date: ____/____/____
day month year

Yes No

Declaration of the Training Supervisor for the obtaining of a Representative's Certificate

8. You must obligatorily enclose this declaration with your Application for a Representative Certificate in damage insurance. Therefore, please have this section completed by your training supervisor.

- To obtain a representative's certificate in the entire damage insurance sector (personal-lines and commercial-lines), please complete section A, B and C.
- To obtain a certificate in one of the damage insurance sector classes only, either in personal-lines damage insurance or in commercial-lines damage insurance, please complete the sections A and C or B and C according to the sector class chosen.

A. Personal-Lines Damage Insurance

Personal-lines damage insurance Agent Broker

Declaration of the Training Supervisor

I declare that the trainee _____ did and completed on a continuous basis,
Name of trainee

under my supervision, a training period in personal-lines damage insurance.

Training period in Personal-lines damage insurance From: _____ To: _____
day/month/year day/month/year

Training period completed satisfactorily Yes No

Surname and given name of training supervisor Certificate No. _____ Signature of training supervisor

B. Commercial-lines Damage Insurance

Commercial-lines damage insurance Agent Broker

Declaration of the Training Supervisor

I declare that the trainee _____ did and completed on a continuous basis,
Name of trainee

under my supervision, a training period in commercial-lines damage insurance.

Training period in Commercial-lines damage insurance From: _____ To: _____
day/month/year day/month/year

Training period completed satisfactorily Yes No

Surname and given name of training supervisor Certificate No. _____ Signature of training supervisor

C. Signature of Commissioner of Oath

Sworn under oath before me

in _____ this _____ day of _____
month year

Signature of the Commissioner of Oath

No. of commission

**Jurisdiction-Specific
SASKATCHEWAN**

Non Resident Applicants: Please provide an address for service in Saskatchewan

Address Number and Street, Suite., etc.

City/Town	Province SASKATCHEWAN	Postal Code
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Consumer Protection Bond form must be completed for all direct writers.

**GENERAL INSURANCE COUNCIL OF SASKATCHEWAN
INSURANCE AGENCY/AGENT/INSURANCE BROKERAGE
CONSUMER PROTECTION BOND**

Bond No. _____ Amount: _____

KNOW ALL MEN BY THESE PRESENTS, THAT, _____, of the _____ of _____ in the Province of _____ hereinafter called the Principal, and _____, hereinafter called the Surety, are held and firmly bound unto the General Insurance Council of Saskatchewan, hereinafter called the Obligee, in the sum of Twenty Thousand Dollars (\$20,000) of lawful money of Canada, to be paid unto the Obligee, its successors and assigns, for which payment well and truly to be made, we jointly and severally bind ourselves, our executors, administrators, successors and assigns firmly by these presents.

This bond shall be effective from the _____ day of _____, _____.

NOW THE CONDITION of the above obligation is such that if said Principal does not by reason of any act, matter or thing at any time hereafter be found by the General Insurance Council to have committed an act of theft or fraud and, as a consequence thereof be declared by the General Insurance Council to be in default under the General Insurance Council Bylaws and amendments thereto, then the obligation shall be void but otherwise shall be and remain in full force and effect and shall be subject to conditions as provided by the said Bylaws.

PROVIDED, the total liability imposed on the Principal and Surety by this Bond and all renewal(s) and extension(s) thereof, shall in no event exceed the sum written above or the amount substituted for such sum by any endorsement or renewal certificate.

PROVIDED further, that if the Surety shall at any time give ninety (90) calendar days notice by registered mail to the Obligee and the Principal of its intention to terminate the obligation hereby undertaken, then the obligation and all liability of the Surety hereunder shall cease and determine so far as concerns any act or dealing on the part of the Principal subsequent to the termination of the obligation hereby undertaken, except that notice of any claim hereunder given to the Surety within one (1) year following the date of termination as herein provided shall constitute a legal obligation of the Surety, but otherwise this Bond shall remain in full force and effect in respect of any act or dealing on the part of the Principal from the effective date of this Bond to the date of such termination.

SEALED with the respective seals of the Principal and of the Surety and dated the _____ day of _____, _____.

in the presence of

SIGNED, SEALED AND DELIVERED

Witness

Principal(Seal)

Surety Underwriter (Seal)