

General Insurance Council of Saskatchewan

Adjuster/Adjuster Representative Application

If you have any questions about this application contact the General Insurance Council of Saskatchewan or visit our web site.

Council's regular business hours are Monday to Friday, 8:00 a.m. to 4:30 p.m.

This application applies to individuals who will be adjusting for a licensed Adjusting Firm.

This licence entitles the Adjuster Representative to adjust solely for the Adjusting Firm named in the licence.

Incomplete Applications – any missed items as listed below will be returned without processing.

- Response to any required information or question.
- Relevant attachments and supporting documents.
- Required signatures.
- Required fees.

Application Fees

The application fee for obtaining a licence is \$100 (please note the licensing fee is subject to change).

Please refer to the last page of this application form to obtain the payment options available.

Submitting Applications

All licence applications must be reviewed and signed by your sponsoring adjusting firm prior to forwarding to Council for consideration at:

Licensing Department
Insurance Councils of Saskatchewan
310 – 2631 – 28th Avenue
Regina SK S4S 6X3

Tel: 306.347.0862
Fax: 306.347.0525

www.skCouncil.sk.ca

Security Clearance

Instructions

Criminal record checks must accompany all initial Saskatchewan applications for licensing. This applies to first time applicants, individuals who have not held a licence for more than one year or individuals who have to re-qualify for licensing.

- Have the local police or RCMP detachment conduct a criminal record check based on a name search. You must apply to the police service that serves the area in which you reside.
- If a possible record is indicated, you will be required to have this verified by a fingerprint check.
- The completed original Security Clearance Report must be attached to the application form. The report may not be dated in excess of six months.
- Any costs associated with the record check are the responsibility of the applicant.

Reason for request	Licence issuer
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Adjuster Licence	General Insurance Council of Saskatchewan 310 – 2631 – 28 th Avenue Regina SK S4S 6X3
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October 1, 2004

General Insurance Council of Saskatchewan

Adjuster/Adjuster Representative Application, \$100

For ICS use only	Received Date
Receipt No.	
Licence No.	
Date Issued	

Part A: Identification Information			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
Last name		First name (in full)		
Middle name(s) (in full)		Preferred first name		
Maiden name	Previous surname(s)	Birth Date	Sex	
		MM DD YYYY	<input type="checkbox"/> M <input type="checkbox"/> F	
Place of residence		Personal telephone		
Number and Street, Apt., etc.		()		
		Personal fax		
		()		
City/Town	Province/ State	Postal Code/ Zip Code	Personal e-mail	
Address mail will be sent to (complete only if different than place of residence)			Business telephone and extension	
Business name (if applicable)			()	
			Cell Phone	
			()	
Number and Street, Suite, etc.			Business Fax	
			()	
City/Town	Province/ State	Postal Code/ Zip Code	Business e-mail	

Part B: Examination and/or Experience Information

An application for licence will not be accepted unless the applicant has passed the qualifying examinations or provided documentation to support examination equivalency.

I have satisfied the following requirements: (Please place a check mark in the box which applies to your application)

- I have successfully completed the qualifying examination(s) approved by Council. Individuals must apply for a licence within one year from the date of successful completion of the examination.
- I have successfully completed the following Insurance Institute of Canada courses: _____
- _____
- I'm attaching evidence that I have acted as a claims adjuster in an insurance company or adjusting company.

Individuals must provide employment history which includes adjusting firm (other employer's) name and address, start/end date of employment and position held. Please provide the information in the chart below.

Adjusting Firm (other employer's) name and address	Start/End Date of Employment	Position Held

Part C: Other recognized designations and/or education obtained

Please identify any insurance designations you currently hold

} If you listed an insurance designation, please attach a copy of the certificate or diploma to this application.

Highest level of education obtained

- High School Diploma GED Other _____
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Part D: Background

The following are questions relevant to The Saskatchewan Insurance Act regarding trustworthiness and suitability to be licensed.

For any questions where you answered yes, or where disclosure is called for, please provide complete details on a separate sheet of paper and attach to the application form.

- | | |
|--|---|
| <p>1. Have you ever held an adjusters licence anywhere in Canada or in another country? <input type="checkbox"/>No <input type="checkbox"/>Yes
<i>If yes, please provide information about licence year, licence class and jurisdiction.</i></p> <p>2. Has any adjusters licence held by you, or other licence or registration for selling financial products, ever been suspended or revoked anywhere in Canada or in another country? <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>3. Have you ever been refused an adjusters licence or other licence or registration for selling financial products anywhere in Canada or in another country? <input type="checkbox"/>No <input type="checkbox"/>Yes</p> <p>4. Are you currently or do you plan to engage in any business or occupation other than the adjusting business? <input type="checkbox"/>No <input type="checkbox"/>Yes</p> | <p>5. Have you ever been the subject of any steps in bankruptcy or receivership? <input type="checkbox"/>No <input type="checkbox"/>Yes
This question applies to you personally AND also in your capacity as a principal shareholder, officer or director of a company.
<i>If yes, please provide a copy of the documents involved. If a discharge from bankruptcy or other settlement was obtained, please provide a copy.</i></p> <p>6. Please disclose any complaint, investigation or charges against you, past or still pending, for any criminal, quasi-criminal, regulatory or disciplinary offence anywhere in Canada or in another country? <i>(it is not necessary to report offences dealt with by simply paying a ticket)</i>
<input type="checkbox"/>Nothing to disclose <input type="checkbox"/>Disclosure attached</p> <p>7. Please disclose any other type of legal action against you, past or still pending, for acts such as mishandling of funds, misrepresentation, fraud, conversion, undue influence or breach of trust?
<input type="checkbox"/>Nothing to disclose <input type="checkbox"/>Disclosure attached</p> |
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Part E: Non-resident Applicants

1. Saskatchewan Address for Service (As required by Section 421 of The Saskatchewan Insurance Act)

street/box	city/town	province	postal code
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2. a) Jurisdictions that have a web based licensee search. Council will verify the licence status of applicants online; or
- b) Jurisdictions that do not have a web based licensee search. Applicants must attach an original Certificate of Authority/Non-resident Endorsement from their resident province that is not older than two months. *A copy of their licence will not be accepted.*

Part F: Consent to the Collection, Use and Disclosure of Information

By applying for an adjuster licence or the continuation of my adjuster licence, I understand personal information will need to be collected from me and from other sources such as the sponsor of my licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies, previous employers or other organizations in the financial services sector. I, therefore, consent to the collection and use of this personal information for the purpose of determining my suitability for licensing or the continuation of my licence.

I further understand and consent to disclosing personal information to the sponsor of my licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector, in order to determine my suitability for licensing or the continuance of my licence.

X

Signature of applicant

Part G: Declaration

The making of a false statement on this application constitutes a material mis-statement and may result in the refusal of this application and the subsequent suspension or cancellation of any licence issued. This application is required to be personally signed by the applicant named herein.

I, _____, solemnly declare that all statements and answers in the foregoing application including attachments are true and correct, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

X	
Signature of Applicant	Date signed

Part H: Sponsor Declaration

To be completed by the licensed adjusting firm.

Please Print

Applicant's Name _____
Is hereby sponsored and authorized to act as an adjuster representative

The sponsor certifies that the qualifications and business record of the applicant have been investigated and that the applicant is a trustworthy and competent person to receive a licence.

To the best of my knowledge, information and belief, all statements and answers contained in the foregoing application are true and correct.

It is understood, if and when this licensee ceases to represent the sponsor named herein, written notice will be given to the General Insurance Council of Saskatchewan within five days of termination including the reason for termination.

THE ABOVE APPLICANT WILL NOT ACT AS AN ADJUSTER REPRESENTATIVE UNTIL THE LICENCE IS ISSUED

Print Name of Sponsor

Authorized Officer Print Name	Signature	Date MM DD YYYY
Phone number ()	Fax number ()	E-mail address

Attachments to the application form

Details if you have answered yes to Part D

A copy of the diploma/certificate of any insurance designations obtained

The original Non-resident Endorsement, if applicable

The original Security Clearance Form

Payment of licence fee

Payment information (Please choose a payment option below)

Cheque or money order enclosed for full amount

Make cheque or money order payable to the **Insurance Councils of Saskatchewan**.

A NSF charge of \$25 will apply for returned cheques.

or

Charge my credit card for the full amount

VISA MasterCard

_____-_____-_____-_____
Card Number

_____-_____-_____-_____
Expiry Date

Signature _____

Print name of applicant _____

February 29, 2012

Licensing Department
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