



General Insurance Council of Saskatchewan

All Classes other than Life Agent/Salesperson 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.

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

Response to any required information or question.

Relevant attachments or supporting documents.

Required signatures.

Required fees.

This application applies to individuals who will be transacting All Classes (General) other than Life insurance.

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 agency or insurer 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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Insurance Licence	General Insurance Council of Saskatchewan 310 – 2631 – 28 th Avenue Regina SK S4S 6X3
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December 7, 2006

General Insurance Council of Saskatchewan

All Classes other than Life
Agent/Salesperson 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 M M D D Y Y Y Y	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Place of residence Number and Street, Apt., etc.		Personal telephone ()		
		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 name (if applicable)		Business telephone and extension ()		
		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 Education Information

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

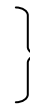
I have satisfied the following requirements: (Please place a check mark in the box which applies to your application)

- I have successfully completed the General Insurance Qualifying Exam (Fundamentals of Insurance). Individuals must apply for a licence within one year from the date of successful completion of the examination.
 - I have successfully passed the General Insurance Council Bylaw Examination as provided for in the General Insurance Council Bylaws.
 - I have successfully completed the following CAIB courses: CAIB 1 CAIB 2 CAIB 3 CAIB 4
 - I have successfully completed the following Insurance Institute of Canada courses. Attach the IIC transcripts _____
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Part C: Recognized designations obtained

Please identify the insurance designations you currently hold:

- CAIB AIC CIP FIIC FCIP CCIB
- CPCU CRM FRM



If you identified the completion of an insurance designation(s), please attach a copy of the applicable certificate(s) or diploma(s) to this application.

Highest level of education obtained

- High School Diploma GED Other _____

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 insurance licence anywhere in Canada or in another country? ___No ___Yes
<i>If yes, please provide information about licence year, licence class and jurisdiction.</i></p> <p>2. Has any insurance 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? ___No ___Yes</p> <p>3. Have you ever been refused an insurance licence or other licence or registration for selling financial products anywhere in Canada or in another country? ___No ___Yes</p> <p>4. Are you currently or do you plan to engage in any business or occupation other than the insurance business? ___No ___Yes</p> | <p>5. Have you ever been the subject of any steps in bankruptcy or receivership? ___No ___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>
___Nothing to disclose ___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?
___Nothing to disclose ___Disclosure attached</p> |
|--|---|

Part I: Sponsor Declaration

To be completed by the licensed agency sponsoring you. Direct writers are sponsored by an insurer.

Please Print

Applicant's Name _____

Is hereby sponsored and authorized to act as an insurance salesperson or agent

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 INSURANCE SALESPERSON OR AGENT 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
- A copy of E & O Certificate of Insurance – direct writers
- The original Consumer Protection Bond – direct writers
- 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 _____

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