



Hail Insurance Council of Saskatchewan

Hail Adjusting Firm Application

If you have any questions about this application contact the Hail 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.

Please note:

This application applies to you if you are applying for an Adjusting Firm licence and will have Adjuster Representative(s) adjusting on behalf of the firm.

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

- Response to any required part or question.
- Relevant attachments or supporting documents.
- Required signatures.
- Required fee.

Application Fees

The application fee for obtaining a licence is \$75 (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.

If you are using a corporation, partnership, or name other than your personal name, (on business cards, letterhead or any advertising) that corporation, partnership or business name must also be licensed with the Hail Insurance Council of Saskatchewan.

Submitting Applications

All licence applications must be submitted to Council for consideration at:

Corporations Branch
1871 Smith Street
Regina SK S4P 3V7
306.787.2962

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

Business address		
Number and Street		
City/Town	Province/State	Postal Code/ Zip Code
Business telephone and extension ()	Business Fax ()	Business e-mail
Address mail will be sent to (complete only if different than business address)		
Number and Street		
City/Town	Province/State	Postal Code/ Zip Code
Name of designated licensee		

Part B: 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 or any principal shareholder, officer or director ever held an adjuster 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 adjuster licence held by you or any principal shareholder, officer or director, 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 or any principal shareholder, officer or director ever been refused an adjuster licence or other licence or registration for selling financial products anywhere in Canada or in another country? ___No ___Yes</p> <p>4. Do you or any principal shareholder, officer or director currently or plan to engage in any business or occupation other than the adjusting business? ___No ___Yes</p> | <p>5. Have you or any principal shareholder, officer or director ever been the subject of any steps in bankruptcy or receivership? ___No ___Yes
<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 or any principal shareholder, officer or director, 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 or any principal shareholder, officer or director, 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 C: Individuals representing the Adjusting Firm

List the individuals that will be representing the adjusting firm in Saskatchewan.

Note: All individuals who fall within the definition of adjuster as defined by *The Saskatchewan Insurance Act* must be licensed. A minimum of one individual is required to obtain a licence. (Attach a separate sheet of paper if necessary)

LAST NAME	FIRST NAME	MIDDLE NAME	LAST NAME	FIRST NAME	MIDDLE NAME

Part D: Non-resident Applicants

To be completed by 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

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

By applying for an hail adjusting firm licence or the continuation of the hail adjusting firm licence, I understand personal information or personal information about any principal shareholder, officer or director will need to be collected from me and from other sources such as the 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 the suitability for licensing or the continuation of this licence.

I further understand and consent to disclosing personal information to the 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 this licence.

X

Signature of authorized official

X

Print name of authorized official

Part F: 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 signed by an authorized official of 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 authorized official

X

Date signed

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



Attachments to the application form

Details if you have answered yes to Part B

A copy of the Saskatchewan Certificate of Registration for the corporation, partnership, business name or trade style

Payment of licence fee

April 29, 2010

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**.

or

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

Charge my credit card for the full amount

VISA MasterCard

_____ - - - -
Card Number

Expiry Date

Signature _____

Print name of applicant _____

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