



Life Insurance Council of Saskatchewan

Life and Accident & Sickness Agency Application

Accident & Sickness Agency Application

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

Please note:

This application applies to you if the applicant is applying for a Life and/or Accident & Sickness Agency licence and will have agents representing the agency.

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 fee.

Application Fees

The application fee for obtaining a licence and subsequent annual renewals is \$95 (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 Life Insurance Council of Saskatchewan.

Submitting Applications

All licence applications must be signed and reviewed by the sponsoring 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

Corporations Branch
1871 Smith Street
Regina SK S4P 3V7
306.787.2962

Life Insurance Council of Saskatchewan

- Life including Accident & Sickness Agency Application, \$95
- Accident & Sickness Agency Application, \$95

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

Part A: Life and/or Accident & Sickness Agency

Name in which agency will carry on business and in which the licence is to be issued.

List all business trade names that will be used

Is the agency: (Please place a check mark in the box which applies to the applicant)

- a Corporation
- a Partnership
- Registered under the Business Names Registration Act

A copy of the Saskatchewan Certificate of Registration must accompany this application if the applicant for licence is a corporation, partnership or is registered under The Business Names Registration Act.

Give full particulars below of the individual owners, principal shareholders, officers or directors.

Full name and position held with firm	Resident City	Date of Birth

Business address
Number and Street

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

City/Town	Province/State	Postal Code/ Zip Code
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Name of designated person

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 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 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 insurance 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 insurance 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> |
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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 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	X
Signature of authorized official	Date signed

Part H: Sponsor Declaration

To be completed by the licensed insurer sponsoring the agency.

Please Print

Applicant's Name _____

Is hereby sponsored and authorized to act as an agency of the undersigned sponsor.

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

To the best of our 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 Life Insurance Council of Saskatchewan within five days of termination including the reason for termination.

Print Name of Sponsor

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

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

The original Non-resident Endorsement, if applicable

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 _____

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