



Life Insurance Council of Saskatchewan

Life including Accident & Sickness Agent Application

Accident & Sickness Agent/Salesperson Application

*This application
applies to individuals
who will be
transacting Life
and/or Accident &
Sickness insurance.*

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

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.

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 reviewed and signed by your 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

Security Clearance

Instructions

Criminal record checks must accompany all initial 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	Life Insurance Council of Saskatchewan 310 – 2631 – 28 th Avenue Regina SK S4S 6X3
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December 7, 2006

Life Insurance Council of Saskatchewan

- Life including Accident & Sickness Agent Application, \$100
- Accident & Sickness Agent/ Salesperson Application, \$100

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

Part A: Identification Information

Mr. Mrs. Miss Ms.

Last name

First name (in full)

Middle name(s) (in full)

Preferred first name

Maiden name

Previous surname(s)

Birth Date

Sex

M M | D D | Y Y Y Y

M 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

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Cell Phone

()

Number and Street, Suite, etc.

Business Fax

()

City/Town

Province/
State

Postal Code/
Zip Code

Business e-mail

Part B: Other recognized designations and/or education obtained

Please identify the insurance designations you currently hold



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 Post Secondary _____

Part C: 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>Please list the other provinces you are currently licensed in below:</i></p> <p>_____</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>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>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>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>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> |
| <p>4. Are you currently or do you plan to engage in any business or occupation other than the insurance business?
___No ___Yes</p> | |

Part D: Agency(s) Representing

If you are holding yourself out as representing an agency in the sale of insurance...i.e. using business cards, letterhead in the agency name, please identify the agency(s) name.

Note: If representing an agency, you must be sponsored by the same insurer sponsoring the agency licence.

Part E: Other licensing requirements

Errors & Omissions Insurance

Attach a copy of your E & O Certificate to this application form. *Refer to the bylaws to determine E & O requirements*

Segregated Funds

A licensee may not act as an agent in the sale of segregated funds unless the licensee has passed an investment funds course approved by Council. Please visit the Council web site or contact the office to obtain a current copy of approved courses.

I have attached a copy of my certificate of completion or passing examination mark to this application form for one of the approved segregated fund courses.

Part I: Sponsor Declaration

To be completed by the licensed insurer sponsoring you.

Please Print

Applicant's Name

_____ is hereby sponsored and authorized to act as an insurance agent

Agency(s) representing, if applicable

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

THE ABOVE APPLICANT WILL NOT ACT AS AN INSURANCE 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

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NOTE: THE APPLICANT MUST COMPLETE THE ENTIRE FORM PRIOR TO FORWARDING TO YOUR SPONSOR FOR SIGNATURE OF THE SPONSOR DECLARATION.

NOTE: SPONSORS ARE REQUIRED TO REVIEW THE COMPLETED APPLICATION FORM IN ITS ENTIRETY PRIOR TO SIGNING THE SPONSOR DECLARATION.

Attachments to the application form

Details if you have answered yes to Part C

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

A copy of a completed segregated fund course

A copy of E & O Certificate of Insurance

The original Non-resident Endorsement, if applicable

The original Security Clearance Form

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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