



## Motor Vehicle Warranty Agency/Administrator Application

**Please note:**

*All Extended Third-Party  
Warranty plans must  
be approved by the  
Superintendent of  
Insurance prior to the  
Warranty  
Agency/Administrator  
applying for licence.*

*The  
Agency/Administrator  
and Agent/Dealers  
must be licensed prior  
to selling the warranty  
product in  
Saskatchewan.*

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 fee.

### Application Fees

The application fee for obtaining a licence 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 General Insurance Council of Saskatchewan.

Corporations Branch  
1871 Smith Street  
Regina SK S4P 3V7  
306.787.2962

### Submitting Applications

All licence applications must be reviewed and signed by the sponsoring insurer prior to forwarding to Council for consideration at:

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

Tel: 306.347.0862  
Fax: 306.347.0525

[www.skcouncil.sk.ca](http://www.skcouncil.sk.ca)



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

## 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<br/><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<br/><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><br/>___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?<br/>___Nothing to disclose ___Disclosure attached</p> |
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## Part C: Warranty Insurance Plan(s) to be offered

NAME OF WARRANTY PLAN	NAME OF INSURER

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## 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

2. Attach an original Certificate of Authority/Non-resident Endorsement from your resident province that is not older than two months. A copy of the Agency/Administrator licence will not be accepted.
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## Part E: Consent to the Collection, Use and Disclosure of Information

By applying for an insurance licence or the continuation of the insurance 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 sponsor of the 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 the suitability for licensing or the continuation of this licence.

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

X

Signature of authorized official

X

Print name of authorized official

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## 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

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## Part G: Sponsor Declaration

*To be completed by the licensed insurer sponsoring the Agency/Administrator*

*Please Print*

Applicant's Name \_\_\_\_\_

Is hereby sponsored and authorized to act as an agency/administrator 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 General Insurance Council of Saskatchewan within five days of termination including the reason for termination.

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**Print Name of Sponsor**

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

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**THE ABOVE APPLICANT WILL NOT ACT AS AN AGENCY/ADMINISTRATOR 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

### Payment information (Please choose a payment option below)

<input type="checkbox"/> Cheque or money order enclosed for full amount	Make cheque or money order payable to the <b>Insurance Councils of Saskatchewan</b> .
or	A NSF charge of \$25 will apply for returned cheques.
<input type="checkbox"/> Charge my credit card for the full amount	_____ - _____ - _____
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card Number
	_____ - _____
	Expiry Date
	Signature _____
	Print name of applicant _____

April 29, 2010

Licensing Department  
Insurance Councils of Saskatchewan  
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Regina SK S4S 6X3

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