



Hail Insurance Council of Saskatchewan

Hail Agent/Salesperson Application Form

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.

This application applies to you if you are applying for a Hail Insurance Agent Licence.

This licence will entitle the Agent to transact insurance for any company from whom they obtain a contract;

Or

This application applies to you if you are applying for a Hail Insurance Salesperson Licence.

This licence entitles the Salesperson to transact insurance only for the agency named in the licence.

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

Responses 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 \$50 (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 reviewed and signed by your sponsoring insurer, hail managing general agent or agency 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 |
|--------------------|---|
| Insurance Licence | Hail Insurance Council of Saskatchewan 310 – 2631 – 28 th Avenue Regina SK S4S 6X3 |

December 11, 2006

Hail Insurance Council of Saskatchewan

Hail Agent/Salesperson Application Form - \$50

| | |
|------------------|---------------|
| 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 | Sex | |
| | | M M D D Y Y Y Y | <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: Hail Examination Information (Residents Only)

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

- I have successfully passed the Hail Insurance Council Bylaw Examination. Individuals must apply for a licence within one year from the date of successful completion of the examination.

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.

- | | |
|--|--|
| 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> | 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> |
| 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 | 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 |
| 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 | 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 |
| 4. Are you currently or do you plan to engage in any business or occupation other than the insurance business? ___No ___Yes | |

Part D: 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*

Part E: 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. a) Jurisdictions that have a web based licensee search. Council will verify the licence status of applicants online; or
- b) Jurisdictions that do not have a web based licensee search. Applicants must attach an original Certificate of Authority/Non-resident Endorsement from their resident province that is not older than two months. *A copy of their licence will not be accepted.*
-

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

By applying for an insurance licence or the continuation of my insurance licence, I understand personal information will need to be collected from me and from other sources such as the sponsor of my 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 my suitability for licensing or the continuation of my licence.

I further understand and consent to disclosing personal information to the sponsor of my licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector, in order determine my suitability for licensing or the continuance of my licence.

X

Signature of applicant

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 personally signed by 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 Applicant

x

Date signed

Part H: Sponsor Declaration

To be completed by the licensed insurer, hail managing general agent or licensed agency

Please Print

Applicant's Name _____

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

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

THE ABOVE APPLICANT WILL NOT ACT AS AN INSURANCE AGENT OR SALESPERSON 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 C
- A copy of E & O Certificate of Insurance
- The original Security Clearance Form
- 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 Insurance Councils of Saskatchewan . |
| 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 _____ |

February 29, 2012

Licensing Department
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