

# General Insurance Council of Saskatchewan

## Third Party Administrator Agency (TPA) Application

If you have any questions about this application contact the General Insurance Council of Saskatchewan or visit our web site at [www.skcouncil.sk.ca](http://www.skcouncil.sk.ca).

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 Fee \$95.00**

### **Submitting Applications**

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



# General Insurance Council of Saskatchewan

## Third Party Administrator (TPA) Agency Application

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

### Part A: Entity Types and Eligible Classes of Insurance the TPA will Administer

Check all of the TPA Entity Type(s) that apply to the administrator	Equipment Warranty Insurance	Cargo Type Insurance	Travel Insurance	Highway transport Vehicle Gap Insurance	Highway Transport Vehicle Payment Insurance
<input type="checkbox"/> Automobile Dealership	Yes	No	No	Yes	Yes
<input type="checkbox"/> Construction Equipment Dealership	Yes	No	No	Yes	Yes
<input type="checkbox"/> Farm Implement Dealership	Yes	No	No	Yes	Yes
<input type="checkbox"/> Marine Dealership	Yes	No	No	No	No
<input type="checkbox"/> Recreational Vehicle Dealership	Yes	No	No	No	No
<input type="checkbox"/> Customs Brokerage	No	Yes	No	No	No
<input type="checkbox"/> Freight-Forwarding Business	No	Yes	No	No	No
<input type="checkbox"/> Transportation Company	No	Yes	Yes	No	No
<input type="checkbox"/> Travel Agency	No	No	Yes	No	No

### Part B: Third Party Administrator Agency

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

List all business trade names that will be used



Is the TPA: (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.

\*This Part does not apply to an applicant that is a Chartered Bank, A Railway Corporation, or a corporation registered under *The Credit Union Act* or *The Co-operatives Act* or an extra-provincial insurer licensed under *The Saskatchewan Insurance Act*.

**Main Business address of the TPA**

Number and Street

City/Town

Province/State

Postal Code/  
Zip Code

Business telephone and extension

Business Fax

Business e-mail

(    )

(    )

**Address of the TPA that mail will be sent to** (complete only if different than business address)

Number and Street

City/Town

Province/State

Postal/Zip Code

Give full particulars below of the individual who is the Designated Individual to receive notices and other documents pursuant to the Bylaws.

**Name of Designated Individual**

**Business Address**

**Email address**

**Telephone/Fax**



### Part C: Background

The following are questions relevant to *The Saskatchewan Insurance Act* regarding trustworthiness and suitability to be licensed.

For any questions where the answer is yes, or where disclosure is called for, please provide complete details on a separate sheet of paper and attach to the application form.

1. Has any insurance licence or other licence or registration for selling financial products held by the applicant or any officer or director of the applicant ever been suspended or revoked anywhere in Canada or in another country?  No  Yes
2. Has the applicant or any officer or director of the applicant ever been refused an insurance licence or other licence or registration for selling other financial products anywhere in Canada or in another country?  No  Yes
3. Is there any complaint, investigation or charges against the applicant or any officer or director of the applicant, past or still pending, for any criminal, quasi-criminal, regulatory or disciplinary offence anywhere in Canada or in another country? *(it is not necessary to report offences dealt with by simply paying a ticket)*  
 Nothing to disclose  Disclosure attached
4. Please disclose any other type of legal action against the applicant or any officer or director of the applicant, 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

### Part D: Employees or Contracted Individuals Representing the TPA

List all employees or contracted individuals that will be representing the TPA in dealings with a Restricted Insurance Agent entities identified in Part A of this application.

LAST NAME, FIRST NAME	CITY/TOWN	LAST NAME, FIRST NAME	CITY/TOWN
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

Attach a separate sheet of paper if the space above is not sufficient to list all the employees or contracted individuals.



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## Part E: Disclosure of Insurer(s) Represented

Please disclose all insurer(s) that the TPA has a contract with that authorizes the TPA to administer the insurance products of the insurer(s).

FULL LEGAL NAME OF INSURER(S)	ADDRESS	CONTACT INFO
1.		
2.		
3.		
4.		
5.		

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## Part F: Non-resident Applicants

1. Saskatchewan Address for Service (As required by Section 421 of *The Saskatchewan Insurance Act*)

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street/box	city/town	province	postal code
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## Part G: Errors & Omissions Insurance

- Attach a copy of the E & O Certificate that names the TPA as the insured.

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

By applying for a Third Party Administrator Agency licence or the continuation of the insurance licence, I understand personal information or personal information about any principal shareholder, officer or director may be collected from the applicant or from other sources such as the sponsor of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector. The applicant, therefore, consents to the collection and use of this personal information for the purpose of determining the suitability for licensing or the continuation of this licence.

The applicant further understands and consents to disclosing 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 suitability for licensing or the continuance of this licence.

X  
Signature of Designated Individual

X  
Print name of Designated Individual

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## Part I: 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 the Designated Individual 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 Designated Individual	Date signed

## Part J: Sponsor Recommendation

*To be completed by the licensed insurer sponsoring the Third Party Administrator Agency.*

**Please Print**

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

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

We are licensed to undertake the class of insurance the applicant has applied for and have entered into an agency contract with the applicant and recommend that the applicant be granted a Third Party Administrator Agency Licence.

It is understood that if the licensee named herein is terminated by us, written notice, including the reasons for termination will be given to the General Insurance Council of Saskatchewan within five days of termination.

**Print Name of Sponsor**

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

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



## Attachments to the application form

Details if any questions answered yes in Part C

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

A copy of errors and omissions certificate, unless exempt

Payment of licence fee

### 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**.

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

or

Charge credit card for the full amount

VISA       MasterCard

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiry Date

Signature \_\_\_\_\_

Print name of applicant \_\_\_\_\_

November 29, 2010

Licensing Department  
Insurance Councils of Saskatchewan  
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