



APPLICATION FOR AN INSURANCE AGENT'S LICENCE

Manitoba Finance
Financial Institutions Regulation Branch

PART 1: ACCIDENT & BAGGAGE _____ **HAIL** _____ **OTHER** _____

Please Specify: _____

***Indicate if application is: New _____ or Renewal _____

1. Name: _____

2. Name in which the business is to be carried on and licence issued: _____

Address: _____

Telephone Number: _____

3. Home Address: _____

Telephone Number: _____

4. Current Employment: _____

5. Have you been denied a licence as an agent or had a licence cancelled? _____

I hereby declare that I will maintain professional liability insurance coverage as required under section 371(1.1) of *The Insurance Act* of Manitoba and section 14 of the Insurance Agents & Adjusters Regulation, amendment and all information provided on this Application is accurate.

Date

Signature of Agent

PART 2: AUTHORIZATION OF SPONSORING COMPANY

It is understood, that if and when this agent is terminated, you will advise the Superintendent of Insurance in writing, together with the reason for the termination.

Name of Insurance Company

Date

Authorized Signature

The information being collected on the form entitled *Application for an Insurance Agent's Licence* is collected pursuant to *The Insurance Act* of Manitoba and will be used pursuant to the Act. It is protected by the Protection of Privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection contact the Financial Institutions Regulation Branch, 1115-405 Broadway, Winnipeg, Manitoba, R3C 3L6 (204) 945-2542.