



FORM 7  
(Section 27)

APPLICATION FOR AN INSURANCE ADJUSTER'S LICENCE

TO: THE SUPERINTENDENT OF INSURANCE

I apply for a licence to carry on the business of an insurance adjuster in the Northwest Territories and submit the following statements:

1. Name of applicant \_\_\_\_\_

2. Residence address \_\_\_\_\_

Business address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. How long have you resided in this community? \_\_\_\_\_

4. The applicant is a

(a) sole proprietorship

(b) partnership

(c) corporation

5. Please give full particulars below of the applicant. If a partnership, give the particulars for each partner. If a corporation, give the particulars for each officer.

Name in full	Residence address	City or town

6. Is the applicant engaged in any business other than that of an adjuster?

Yes \_\_\_\_ No \_\_\_\_ . If "yes" answer (a) and (b) below:

(a) what percentage of the applicant's time is devoted to the business of adjuster? \_\_\_\_\_

(b) what is the applicant's main occupation or business apart from that of an adjuster? \_\_\_\_\_

7. (a) Present employment of applicant \_\_\_\_\_

(c) Employment for the five years preceding the date of this application:

Position held	From	To	Reasons for leaving

8. Previous experience as an adjuster or in the insurance business. Give the names and addresses of employers and nature of duties:

Employer	Address	Nature of duties

9. Is the applicant or any person in item 5 licensed as an insurance agent or broker? Yes \_\_\_ No \_\_\_

10. Has the applicant or any person named in item 5 been convicted of a criminal offence? Yes \_\_\_ No \_\_\_  
If "yes" give particulars.

Dated at \_\_\_\_\_ on \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
(signature of applicant)

**NOTE: The applicant must complete this section before a Commissioner of Oaths or Notary Public.**

STATUTORY DECLARATION

(By sole proprietor, or by one of the partners or officers, as the case may be)

CANADA I, \_\_\_\_\_

Territory of Nunavut of \_\_\_\_\_

DO SOLEMNLY DECLARE

That I am \_\_\_\_\_  
(sole proprietor, or, if an official, indicate office held)

of \_\_\_\_\_

named in the application and that the statements contained in the application are true in substance and in fact 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 and by virtue of the *Canada Evidence Act*.

**DECLARED** before me

At \_\_\_\_\_  
(place)

on \_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of applicant)

The following statement shall be signed by three persons resident in the Northwest Territories:

We know the applicant to be competent and trustworthy and of sufficient experience to receive from the Superintendent of Insurance a licence to act as an insurance adjuster.

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_ Address \_\_\_\_\_

ALL APPLICATIONS MUST BE SENT TO:

**The Superintendent of Insurance**

Department of Finance, Treasury Division

Government of the Northwest Territories

3rd Floor, YK Centre, 4922-48th Street

P.O. BOX 1320

YELLOWKNIFE NT X1A 1N2

Please make cheques payable to

the **Government of the NWT**

FOR OFFICIAL USE ONLY

Licence no. \_\_\_\_\_

Approved by \_\_\_\_\_

Receipt no. \_\_\_\_\_

Date issued \_\_\_\_\_