



FORM 9  
(Section 27)

APPLICATION FOR AN INSURANCE AGENT'S LICENCE

TO: THE SUPERINTENDENT OF INSURANCE

The undersigned hereby applies for a licence to carry on the business of a

Life

Accident and Sickness

General

Insurance Agent in Northwest Territories and submits the following statements:

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

Occupation \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residence address \_\_\_\_\_

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

3. Sponsoring Insurance Company: \_\_\_\_\_  
(Do not abbreviate)

- | 4. In the last 10 years, have you:   | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a) held an insurance agent's licence in Northwest Territories, a province or Yukon Territory?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| b) had any licence held by you suspended, revoked, or terminated?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) been refused a licence as an insurance agent or broker in the Northwest Territories, a province or the Yukon Territory? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) been convicted of any criminal offence?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e) been a defendant or respondent in any proceeding in any civil court in which fraud was alleged?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| f) had a judgement against you for the award of money that has not been satisfied?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g) been the subject of proceedings in bankruptcy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| h) been discharged for cause by an employer?   | <input type="checkbox"/> | <input type="checkbox"/> |

5. Outline below your employment history for the previous five years.

Employer's name and address	Type of business	Position	Dates	Reason for leaving

6. Do you propose to engage in any business other than insurance? \_\_\_\_ If so, indicate the

- a) name and nature of the business \_\_\_\_\_  
\_\_\_\_\_
- b) position you occupy in the business \_\_\_\_\_  
\_\_\_\_\_
- c) portion of your time you intend to devote to insurance \_\_\_\_\_  
\_\_\_\_\_

7. If applying for a life insurance agent's licence, have you successfully completed the examination for the life agent's licence? If so, where and when?

\_\_\_\_\_

\_\_\_\_\_

8. I hereby state that I understand that it is contrary to the provisions of the *Insurance Act* of the Northwest Territories.

- a) act as an insurance agent without having obtained the appropriate licence from the Superintendent of Insurance and to do so would make me guilty of an offence;
- b) provide an illustration, circular or statement that misrepresents or is so incomplete that it misrepresents the terms, benefits or advantages of any policy issued or to be issued;
- c) make any misleading statement as to the terms, benefits or advantages of any policy;
- d) make an incomplete comparison of any policy with that of any other insurer for the purpose of inducing an insured to lapse, forfeit or surrender a policy;
- e) rebate any part of the premium or commission or offer any valuable consideration as an inducement to any insured to purchase insurance;
- f) continue to carry on business as an insurance agent after my licence has expired or after the suspension of my licence without securing a renewal or reinstatement of my licence.

**AFFIDAVIT**

I, the applicant, make oath and say

- 1. That all statements and answers contained in this application are true.
- 2. That this application is made in good faith on my own behalf and not on behalf of any person who is not competent to receive a licence and on receipt of a licence under this application, I intend to hold myself out publicly and carry on business in good faith as an insurance agent.

**SWORN** before me

at \_\_\_\_\_  
(community)

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

\_\_\_\_\_  
A Commissioner for Oaths, Notary Public,

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

**NOTICE OF APPOINTMENT OF AGENT**

*NOTE: The notice of appointment of agent may only be signed by an officer of the insurance company authorized to sign for the head office of the insurer or by a specifically authorized appointee.*

\_\_\_\_\_ of \_\_\_\_\_ has been authorized  
(name of applicant) (community)

in writing by \_\_\_\_\_ to act as an agent of  
(full name of insurer)

\_\_\_\_\_ a licensed insurer duly authorized  
(full name of insurer)

to carry on business in the Northwest Territories, in the soliciting of and negotiating for insurance.

The qualifications and record of the applicant have been investigated and all statements and answers contained in this application are true and correct to the best of my knowledge, information and belief.

I hereby recommend \_\_\_\_\_ as a trustworthy and competent  
(name of applicant)

person entitled to receive an insurance agents licence as an agent of \_\_\_\_\_

\_\_\_\_\_  
(name agency/)

In the event that this insurance agency is terminated, written notice will be sent to the Superintendent of Insurance without delay, indicating the reason for the termination.

Dated at \_\_\_\_\_ on \_\_\_\_\_  
*(community)* *(date)*

\_\_\_\_\_  
*(signature of officer or appointee)*

\_\_\_\_\_  
*(print or type name)*

\_\_\_\_\_  
*(title)*

ALL APPLICATIONS MUST BE SENT TO:

**The Superintendent of Insurance**

Department of Finance

Government of the Northwest Territories

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

P.O. BOX 1320

YELLOWKNIFE NT X1A 2L9

Please make cheque payable to the Government of the NWT