

FORM 10 (Section 27)

APPLICATION FOR A TRAVEL AGENT'S LICENCE

TO: THE SUPERINTENDENT OF INSURANCE:

The undersigned hereby applies for a licence to carry on the business of a travel agent in the Northwest Territories and submits the following statements:

1.	Na	ne of applicant	Age				
	Ос						
	Bu						
	Ph	one: Fax: E-mail:					
	Re	sidence address					
2.	How long have you resided in this community?						
3. Sponsoring Insurance Company:							
		(Do not abbreviate)					
4.	In t	In the last 10 years, have you:		No			
	a)	held a travel agent's licence in a province, Nunavut or Yukon Territory?					
	b)	had any licence held by you suspended, revoked, or terminated?					
	c)	been refused a licence as a travel agent in the Territory of Nunavut, a province or the Yukon Territory?					
	d)	been convicted of any criminal offence?					
	e)	been a defendant or respondent in any proceeding in any civil court in which fraud was alleged?					
	f)	had a judgement against you for the award of money that has not been satisfied?					
	a)	been the subject of proceedings in bankruptcy?					
	g)	been the subject of proceedings in bankruptcy:					
	h)	been discharged for cause by an employer?	ш	Ш			

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	Do you propose to engage in any business other than travel 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. I hereby state that I understand that it is contrary to the provisions of the *Insurance Act* of the Northwest Territories.
 - a) act as a travel 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 a travel 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 a travel agent.

NWT/Form10

SWORN before me (community) (date) A Commissioner for Oaths, Notary Public, (signature of applicant) NOTICE OF APPOINTMENT OF TRAVEL AGENT NOTE: The notice of appointment of travel 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 _____ (community) has been authorized (name of applicant) to act as an agent of a licensed insurer duly authorized (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. _____ as a trustworthy and competent (name of applicant) I hereby recommend person entitled to receive a travel agent's licence as an agent of _______ (name of insurer) 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. (community) (signature of officer or appointee) ALL APPLICATIONS MUST BE SENT TO: (print or type name) The Superintendent of Insurance Department of Finance, Gov't. of the N.W.T. (title) 3rd Floor, YK Centre, 4922-48th Street P.O. BOX 1320 YELLOWKNIFE NT X1A 2L9