



FORM 5  
(Section 27)

APPLICATION FOR INSURANCE SALESPERSON'S LICENCE  
(OTHER THAN LIFE INSURANCE)

TO: THE SUPERINTENDENT OF INSURANCE

The undersigned applies for a licence to act as an insurance salesperson for all classes other than life insurance in the Territory of Nunavut and submits the following statements:

1. Name of applicant \_\_\_\_\_ Age \_\_\_\_  
(print name in full)
2. Business address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
3. Residence address \_\_\_\_\_  
Phone No. \_\_\_\_\_
4. How long have you resided in this community? \_\_\_\_\_
5. (a) Name of the insurance agent or broker by whom you have been duly appointed to act as a salesperson in the Territory of Nunavut \_\_\_\_\_  
(b) Amount of monthly salary \_\_\_\_\_
6. (a) Employment during the five years next preceding the date of this application:

Occupation or Employment	Position Held	Dates	Name and Address of Employer

(b) Present employment

\_\_\_\_\_

7. (a) Have you at any former time held a licence as an insurance agent for the Territory of Nunavut or elsewhere?  
\_\_\_\_\_  
(b) If so, has any licence so held by you ever been suspended or other terminated?  
\_\_\_\_\_  
(c) If so, by whom, and for what reason? \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever been refused a licence as an insurance salesperson, agent or broker in the Territory of Nunavut or elsewhere? \_\_\_\_\_  
If so, give particulars \_\_\_\_\_
9. Has an employer or other person ever charged you with irregularities in money transaction?

\_\_\_\_\_

10. What previous experience have you had in the insurance business? \_\_\_\_\_

11. If this application is granted, 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 \_\_\_\_\_

12. What classes of insurance to you propose to solicit? \_\_\_\_\_

\_\_\_\_\_

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

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

### AFFIDAVIT

(To be completed by all applicants)

In the matter of the *Insurance Act* and in the matter of the foregoing application for a licence as an insurance salesperson:

I, the applicant, make oath and say

1. The statements and answers to questions contained in the foregoing application are true and correct.
2. This application is not made for the purpose of obtaining a licence to act as an insurance salesperson in respect of any particular individual risk or risks, or to obtain the insurance of my own property or the property of my employer or of property in which I am financially interested.
3. 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 salesperson.

SWORN before me

at \_\_\_\_\_  
(place)

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

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

**NOTE:** A licence as an insurance salesperson is issued only where the applicant is employed by a licensed (other than life insurance) agent on an indicated salary with no bonus, commission or other remuneration provided.

**NOTICE OF APPOINTMENT OF INSURANCE SALESPERSON**

**NOTE:** *The Notice of appointment of salesperson must be completed by the licensed agent or broker by whom he or she is employed*

TO: THE SUPERINTENDENT OF INSURANCE

Please note that \_\_\_\_\_ of \_\_\_\_\_  
*(name of applicant)*  
is authorized to act as a salesperson of \_\_\_\_\_  
\_\_\_\_\_  
*(name of agent or broker)*

duly authorized to carry on business in the Territory of Nunavut.

The record of the applicant has been investigated and I recommend him or her as a person sufficiently trustworthy and competent to receive a licence to act as an insurance salesperson for all classes other than life insurance.

All statements and answers contained in the foregoing application are true and correct to the best of my knowledge, information and belief.

I agree that this applicant shall be employed on a salary basis only and shall not be paid any commission or bonus based on production.

If and when the employment of this salesperson is terminated, written notice of termination will be given to the Superintendent of Insurance, together with the reason, and the licence will be returned to the Superintendent of Insurance.

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

\_\_\_\_\_  
*(signature of official)*

\_\_\_\_\_  
*(official or representative capacity)*

FOR OFFICIAL USE ONLY  
Licence no. \_\_\_\_\_  
Approved by \_\_\_\_\_  
Receipt no. \_\_\_\_\_  
Date issued \_\_\_\_\_