



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 Territory of Nunavut 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

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 Territory of Nunavut:

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
c/o 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 Nunavut and to above address.

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