



APPLICATION FOR AN INSURANCE AGENT'S LICENCE

TO: THE SUPERINTENDENT OF INSURANCE OF **NUNAVUT**

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

Life Accident and Sickness General

Insurance Agent in Nunavut Territory 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 Noa) held an insurance agent's licence in Northwest Territories, a province or Yukon Territory? b) had any licence held by you suspended, revoked, or terminated? c) been refused a licence as an insurance agent or broker in the Northwest Territories, 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? g) been the subject of proceedings in bankruptcy? h) been discharged for cause by an employer?

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 Nunavut.

- 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 Nunavut, 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 agent's licence as an agent of

(name of 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 Nunavut

c/o 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 send to the above address.