

FORM 10

(Section 27)

APPLICATION FOR A TRAVEL AGENT'S LICENCE

TO: THE SUPERINTENDENT OF INSURANCE OF NUNAVUT

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

1.	Name of applicant					Age					
	Oc	Occupation									
	Bu	Business address									
	Phone:		Fax:	E-mail:							
	Residence address										
2.	Ho	How long have you resided in this community?									
3.	Sponsoring Insurance Company:										
			abbreviate)								
4.	In t	he last 10 years, have you:			Yes	No					
	a)	held a travel agent's licence ir or Yukon Territory?	n Northwest Territories, a prov	ince							
	b)	had any licence held by you s	suspended, revoked, or termina	ated?							
	c)	been refused a licence as a tr Northwest Territories, a provir									
	d)	been convicted of any crimina	al offence?								
	e)	been a defendant or responde which fraud was alleged?	ent in any proceeding in any ci	vil court in							
	f)	had a judgement against you satisfied?	for the award of money that ha	as not been							
	g)	been the subject of proceedin	ngs in bankruptcy?								
	h)	been discharged for cause by	y 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 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 Nunavut.
 - 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.

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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)	has been authorized (community)
in writing by	to act as an agent of
(name of insurer)	a licensed insurer duly authorized
(name of insurer)	
to carry on business in Nunavut, in the soliciting of a	nd negotiating for insurance.
The qualifications and record of the applicant have contained in this application are true and correct to t	e been investigated and all statements and answers he best of my knowledge, information and belief.
I hereby recommend (name of applic	as a trustworthy and competent
(name of applic	ant)
person entitled to receive a travel agent's licence as	an agent of
(name)	of insurer)
In the event that this insurance agency is terminate Insurance without delay, indicating the reason for the	ed, written notice will be sent to the Superintendent of e termination.
Dated at	on
Dated at (community)	on (date)
	(signature of officer or appointee)
ALL APPLICATIONS MUST BE SENT TO:	
The Superintendent of Insurance	(print or type name)
Department of Finance, Government of Nunavut	(title)
c/o 3rd Floor, YK Centre, 4922-48th Street P.O. BOX 1320 YELLOWKNIFE NT X1A 2L9	