

APPLICATION FOR RENEWAL LICENSE TO ACT AS AN INSURANCE CLAIMS ADJUSTER

To the Superintendent of Insurance:

The undersigned hereby applies for a renewal of license to carry on the business of an Insurance Claims Adjuster in New Brunswick and submits the following statements and answers to questions.

1. Name of applicant _____ Date of Birth _____
Residence Address _____ Residence _____
Phone _____
Postal Code _____
2. Name of Employer (if applicable) and address where business will be operated:

Telephone _____
3. Insurance Institute courses completed:

4. Bond or Bond Renewal attached (if applicable): _____
5. If license is granted on this application do you intend to devote the whole of your time to the business of an Insurance Claims Adjuster?

6. Class of License: _____

AFFIDAVIT

In the matter of the Insurance Act and in the matter of the foregoing application for license to act as an Insurance Claims Adjuster.

I, the undersigned make oath and say:

That the statements and answers to questions contained in this application are true and correct.

- That this application is done in good faith upon my own behalf and not on behalf of any person not competent to receive a license, and upon receipt of a license pursuant hereto, I intend to hold myself out publicly and carry on business in good faith within the scope of my license as an Insurance Claims Adjuster.

SWORN TO BEFORE ME at _____

in the County of _____)

Signature of Applicant

Province of New Brunswick, this _____

day of _____ A.D. 20 _____

Notary Public,
A Commissioner for Oaths