

Last name (Legal name)

## Application for Renewal of General Insurance Agent Certificate of Authority

(Pursuant to the *Insurance Act* R.S.P.E.I 1988, Cap. I-4)

Financial and Consumer Services Division Department of Justice and Public Safety P. O. Box 2000, 105 Rochford Street, 1st Floor, Shaw Building Charlottetown, PE C1A 7N8

1. Personal Identification / Qualification Information (PLEASE PRINT)

## Click here for

## **Online Web Submission**

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2.	First name (Legal name)	pal name) Middle name(s) (in full) Preferred na		ne it ditterent				
3.	Have you <b>ever</b> been known by another name, legal or otherwise?							
	No	Yes If yes, ple	ease print name her	е				
4.	Birth Date S	ex						
	YYYY MM DD <b>M</b>	F Prefer not to say						
5.	Home Address Home Telephor							
	Street Name and Number, Suite, etc.			Home Fax (If applicable)				
					icable)			
	City/Town	Province	Postal Code	E-mail (if applicable	)			
	•			`	,			
6.	Business Name and Address	I		Business Telephone	e and extension (if applicable)			
	Street Name and Number, Suite, etc.			( )	)			
				Business Fax (If a	ss Fax (If applicable)			
	O	T	In	( )				
	City/Town	Province	Postal Code	Business E-mail (if a	applicable)			
7.	Address for correspondence:	Home	Business					
8.	Consent to the Collection, Use and	Disclosure of Information	1					
	I hereby consent to the collection, by the licensing authority, of such personal information and such additional information about me, as							
	may be necessary in order to complete or verify the information contained on the application form and to determine if I am qualified to							
	have a license as an insurance agent.							
	The legal authority for the collection of this information is provided by the legislation and regulations governing the licensing and regulation							
	of insurance agents by the Insurance Act R.S.P.E.I. 1988, Cap. I-4.							
	I further authorize and consent to the	licensing authority conducti	ng a licensing check	and the obtaining fron	n any licensing authority the			
	details of licensing status and details of any disciplinary proceedings against me for breaches under any licensing legislation, rules or by- laws as well as any investigations that are outstanding against me under such legislation, rules or by-laws.							
	I further and specifically authorize and consent to the licensing authority conducting a criminal record check, and the obtaining from any law							
	enforcement agency the details of any convictions or findings of guilt against me for any offences under federal or provincial legislation as							
	well as any charges that were or are outstanding against me under such legislation.							
	I further authorize any law enforcement agency to release to the licensing authority such details of convictions and outstanding charges as							
	aforesaid and this form shall be their good and sufficient warrant, discharge and authority for doing so.							
	I further consent to the licensing authority obtaining any information about me from any credit bureau or from any other credit information							
	source, as permitted by law in any jurisdiction in Canada or elsewhere.							
	And I furthermore authorize the licensing authority to disclose any of this information to a sponsoring company, other licensing authorities							
	and regulators or law enforcement agencies.							
Signature of Applicant					Date			
					Y Y Y Y M M D D			

9.	Please provide PEI Insurance Agent license number:								
10.	Name of Sponsoring Company, Address and Contact Information:								
Dis	isciplinary Action, Bankruptcy, Judgements and Civil Proceedings								
11.	11. Have you ever had a license or registration to deal with the public refused, revoked, suspended or cancelled or subject to any restrictions or conditions?								
	No Yes If yes, please attach details								
12.	12. Do you have any other occupation or employment other than as an insurance agent?								
	No Yes If yes, please attach details								
13.	3. Have you <b>ever</b> been successfully sued or has a complaint <b>ever</b> been made against you to a regulatory body in any province, territory, state, or country that was or is, based in whole or in part, on fraud, theft, deceit, misrepresentation, forgery, or similar conduct; or based in whole or in part, on professional negligence or misconduct (including claims paid by your errors and omissions insurance carrior bonding company)?								
	No Yes If yes, please attach details								
14.	4. Have you <b>ever</b> been subject to discipline or are you currently the subject of an investigation by a regulatory authority in this jurisdiction or elsewhere?								
	No Yes If yes, please attach details								
15.	5. Have you ever been declared bankrupt or made a voluntary assignment in bankruptcy or are you currently an undischarged bankrupt?	,							
	No Yes								
	If yes, attach details, including trustee's name and address, location of bankruptcy filing, assignment of bankruptcy or receiving order, statement of affairs, and an explanation as to the circumstances of the bankruptcy.								
16.	6. Have you ever been an officer or director or a controlling shareholder in a corporation or partnership that made a voluntary assignment bankruptcy or is currently an undischarged bankrupt?								
	No Yes If yes, please attach details as in question 17								
17.	Are you currently a defendant in any civil proceeding or are there any unsatisfied judgements imposed by a civil court, in Canada or elsewhere, against you personally or against a business in which you have an interest of at least ten percent?								
	No Yes If yes, please attach details								
18.	B. Have you ever applied for a surety bond or fidelity bond and been refused or have you ever had a surety bond or fidelity bond revoked	?							
	No Yes If yes, please attach details								
19.	A Have you ever been convicted or charged, or are you currently charged with any offence under any law of any province, territory, state country, or are you currently the subject of any charges?	or							
	No Yes If yes, please attach details								
20.	D. Has any partnership or company of which you are or were at the time of such an event a partner, officer, director or shareholder, ever pleaded guilty or been found guilty, or is any such partnership or company currently the subject of a charge or indictment, under any last of any province, state or country for contraventions, offences or other conduct relating to the business of insurance, selling of policies any other activity related to insurance?	aw							
	No Yes If yes, please attach details								
21.	Have you ever had an employment or business relationship terminated for breach of confidentiality, breach of trust, fraud, misappropriation of funds, theft, forgery, sexual harassment, or physical assault?								
	No Yes If yes, please attach details								

22.	Declaration/Attestation							
	<ul> <li>I, the undersigned applicant, certify that the information given by me in this application is true and complete to the best of my knowledge and belief and hereby undertake to notify the licensing authority in writing of any material change.</li> <li>I agree that by signing this application I accept responsibility for these answers and undertakings.</li> <li>I understand and will comply with the laws governing the Certificate of Authority I am applying for in Prince Edward Island. (See Appendix A)</li> </ul>							
Sig	nature of Applicant	Y	ate мм	D D				

THE ABOVE APPLICANT WILL NOT ACT AS AN AGENT UNTIL A LICENSE IS ISSUED.

## **Prince Edward Island**

Our legislation allows us to issue a Certificate of Authority as opposed to a license.

We require a Letter of Good Standing from a non-resident applicant's home jurisdiction or a copy of existing Certificate of Authority from home jurisdiction.

All new resident general insurance applicants and non-resident general insurance applicants who do not hold a full license in their home jurisdiction, must provide a transcript which indicates that they have successfully completed the Insurance Brokers Association of Canada's Fundamentals of Insurance Exam or C11 (or C81 and C82 as an equivalent) of the Insurance Institute of Canada syllabus.

There is no regulatory requirement to carry errors and omissions insurance.

All applicants for a Certificate of Authority must be sponsored by an Insurer licensed in the Province. In addition, the sponsoring insurer must be licensed to offer the classes of insurance requested by the applicant.

If the sponsoring insurer terminates the sponsorship of this agent they must provide written notice to the licensing authority immediately.

The application fee for a new or renewal of a two year Certificate of Authority is \$200 payable by credit card on the online web submission (see link below).

Our contact information is as follows: Financial and Consumer Services Division Department of Justice and Public Safety 105 Rochford Street, 1st Floor, Shaw Building Charlottetown, PE

Phone: 902-368-4550

Email: licensing@gov.pe.ca

Applications are submitted online at: https://www.princeedwardisland.ca/en/service/insurance-agent Do not submit your application via email.