

Application for Renewal of Life and Accident and Sickness 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

Click here for **Online Web Submission**

1.	Personal Identification / Qualification Information (PLEASE PRINT) Last name (Legal name)									
2.	First name (Legal name)	Middle nar	Middle name(s) (in full)			Preferred nan	ne if different			
3.	Have you ever been known by a	nothe	r name, legal or of	therwise?						
	No Yes If yes, please print name here									
4.	Birth Date									
	Y Y Y Y M M D D	M	F Prefer Not	to Say						
5.	Home Address Street Name and Number, Suite			Ho (me Telephone)					
						Home Fax (If applicable)				
	City/Town		Province		Postal Code	E-r	nail (if applicable)		
6.	Business Name and Address Street Name and Number, Suite, etc.					Bus (Business Telephone and extension (if applicable) ()			
						Bu:	siness Fax (If a)	applicable)		
	City/Town		Province		Postal Code	Bus	siness E-mail (if a	applicable)		
7.	Address for correspondence:		Home		Business	, ,				
8.	Consent to the Collection, Use and Disclosure of Information									
	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 <i>Insurance Act</i> R.S.P.E.I. 1988, Cap. I-4.									
	I further authorize and consent to the licensing authority conducting a licensing check and the obtaining from any licensing authority the details of licensing status and details of any disciplinary proceedings against me for breaches under any licensing legislation, rules or bylaws 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.									
Siç	gnature of Applicant								ate	
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icense Renewal : pplicants must check one box only						
Life Insurance Agent License	2. Life Ir	nsurance and <i>i</i>	Accident and Sickness Agent License			
3. Accident and Sickness Only Agent License						
lease provide PEI Insurance Agent license numb	er:					
lame of Sponsoring Company, Address and Conta	ct Information	:				
olinary Action, Bankruptcy, Judgements and Civ	vil Proceedin	gs				
ave you ever had a license or registration to deal v	with the public	refused, revol	ked, suspended or cancelled or subject to any restrictions	6		
No		Yes	If yes, please attach details			
o you have any other occupation or employment o	ther than as a	ın insurance aç	gent?			
No		Yes	If yes, please attach details			
Have you ever been successfully sued or has a complaint ever 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 carrier or bonding company)?						
No		Yes	If yes, please attach details			
ave you ever been subject to discipline or are you lsewhere?	currently the s	subject of an ir	nvestigation by a regulatory authority in this jurisdiction or			
			If you placed attach dataila			
No		Yes	If yes, please attach details			
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Signature of Applicant	Y Y Y Y M M D D					
Signature of Applicant	Date					
 I understand and will comply with the laws governing the Certificate of Authority I am applying for in Proceedings. 	ince Edward Island. See Appendix A					
 I agree that by signing this application I accept responsibility for these answers and undertakings. 						
knowledge and belief and hereby undertake to notify the licensing authority in writing of any material						
• I, the undersigned applicant, certify that the information given by the in this application is true and complete to the bes						

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

23. Declaration/Attestation

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 or a copy of existing Certificate of Authority from a non-resident applicant's home jurisdiction.

Life and Accident & Sickness applicants must successfully complete the applicable Life Nlegpug Qualification Program (LLQP) course and pass a licensing exam. Hqt"o qtg"kphqto cvkqp"cdqwi"NNS R"xkukv" y y 0 tkpeggf y ctf kurcpf (&c lgp lkphqto cvkqp | lwwkeg/cpf/r wdrke/uchgv{ lrkhg/rlegpug/s wcrkhecvkqp/r tqi tco/msr

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 two-year new or renewal of a 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 Bldg. Charlottetown, PE

Email: licensing@gov.pe.ca

Phone: 902-368-4550

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