



Application for New 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 name(s) (in full)		Preferred name if different	
3. Have you ever been known by another name, legal or otherwise? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please print name here					
4. Birth Date			Sex		
Y Y Y Y		M M		D D	
<input type="checkbox"/> M		<input type="checkbox"/> F		Prefer Not to Say	
5. Home Address Street Name and Number, Suite, etc.				Home Telephone ()	
				Home Fax (If applicable) ()	
City/Town		Province		Postal Code	
				E-mail (if applicable)	
6. Business Name and Address Street Name and Number, Suite, etc.				Business Telephone and extension (if applicable) ()	
				Business Fax (If applicable) ()	
City/Town		Province		Postal Code	
				Business E-mail (if applicable)	
7. Address for correspondence: Home <input type="checkbox"/> Business <input type="checkbox"/>					
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 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. License Requested and Qualifications I am applying for the following license:
Applicants must check one box only**

New: 1. Life Insurance Agent License
 2. Life Insurance and Accident and Sickness Agent License
 3. Accident and Sickness Only Agent License

10. Do you hold any of the licenses listed above in your home jurisdiction?
 No Yes If yes, please provide license number(s) _____
 Note: Please provide a copy of Certificate of Authority

11. Qualifications of candidates applying for a new license: I have successfully passed the following examinations which qualify me for the license requested: (See Appendix A)
 Full Agent Licensing LLQP Exam LLQP Transitional Restricted Exam (Part A) LLQP Accident and Sickness only
 CLU

12. Employment History for The Past Five Years (Include months, years and periods of unemployment)

Employer's Name	Date		Position Held	Reason for Leaving
	From (yy/mm)	To (yy/mm)		

Disciplinary Action, Bankruptcy, Judgements and Civil Proceedings

13. 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

14. Do you have any other occupation or employment other than as an insurance agent?
 No Yes If yes, please attach details

15. 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

16. Have you **ever 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

17. 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.

18. Have you **ever been an officer or director or a controlling shareholder in a corporation or partnership that made a voluntary assignment in bankruptcy or is currently an undischarged bankrupt?**
 No Yes If yes, please attach details as in question 17

19. 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

<p>20. 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?</p> <p style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details </p>																				
<p>21. Have you ever been convicted or charged, or are you currently charged with any offence under any law of any province, territory, state or country, or are you currently the subject of any charges?</p> <p style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details </p>																				
<p>22. 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 law of any province, state or country for contraventions, offences or other conduct relating to the business of insurance, selling of policies or any other activity related to insurance?</p> <p style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details </p>																				
<p>23. 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?</p> <p style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details </p>																				
<p>24. Declaration/Attestation</p> <ul style="list-style-type: none"> • 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. • I agree that by signing this application I accept responsibility for these answers and undertakings. • I understand and will comply with the laws governing the Certificate of Authority I am applying for in Prince Edward Island. 																				
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25. Sponsor's Attestation: Notice of Appointment of Agent by Sponsoring Insurance Company

Note: If you are applying for a Life Insurance Agent License Sponsor - Required or for an Accident and Sickness License Sponsor - Required, your sponsoring insurance company must complete this section of the application form. (See Appendix A)

Please Print

Applicant's Name

is hereby sponsored and authorized in writing to act as an agent of

Name of Insurer _____

The sponsoring company has investigated the record of the applicant, and confirms the following:

- That the agent is a person of good character and reputation;
- That the agent possesses an educational background that is appropriate to the responsibilities of an agent of the sponsoring company;
- That the agent meets all licensing requirements and is a suitable person to receive a Certificate of Authority as a life insurance agent or accident and sickness agent as appropriate; and
- If the applicant resides in a jurisdiction other than the one to which they are applying, the sponsoring insurance company has seen the original Certificate of Authority, a copy of which will be forwarded to the licensing authority;
- The sponsoring insurer has established and maintains a system to ensure that each agent complies with the legal requirements in the jurisdictions where he/she is licenced.

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

If the sponsoring company terminates the sponsorship of this agent it must provide written notice to the Superintendent of Insurance, including the reasons for the termination, immediately.

The sponsor confirms that they have reviewed the completed application form.

Sponsoring Company and Address (complete each box)

Authorized Officer
Print Name

Signature

Title

Phone Number

E-mail Address

Date

()

Y Y Y Y | M M | D D

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 License Qualification Program (LLQP) course and pass a licensing exam. For more information about LLQP visit: www.princeedwardisland.ca/en/information/justice-and-public-safety/life-license-qualification-program-llqp

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.