

Application for Accident and Sickness Insurance Representative Licence

For Office Use Only

Fees Paid _____
Receipt No. _____
Date of Receipt _____
Tracking No. _____

Applicant Information (please print)

1	Surname _____	Given Name _____	Middle Initial _____
	Date Of Birth Y Y M M D D	Place Of Birth _____	Social Insurance Number _____

Applicant's Home Address (Required)

2	Street Address _____		
	Mailing Address _____		
	City/Town _____	Province _____	Postal Code _____
	Telephone _____	Facsimile _____	

Applicant's Business Address (optional see note below)

Note: the applicant's annual filing will be mailed to his/her home address unless a business address is provided.
See annual filing section at the end of this application.

3	Business Name _____		
	Mailing Address _____		
	City/Town _____	Province _____	Postal Code _____
	Telephone _____	Facsimile _____	

Educational Requirement

4	<p>In order to qualify for an accident and sickness insurance representative licence you must have either:</p> <ol style="list-style-type: none"> 1. Successfully completed the accident and sickness portion of the life licensing qualification program (LLQP), or 2. If you are a non-resident, you must hold an accident and sickness licence in your home jurisdiction. <p>Date of successful completion of the accident and sickness examination or if you are a non-resident, expiration date of current licence. (non-residents must attach proof of licensing from your home jurisdiction).</p>																		
	<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">M</td><td style="padding: 2px;">M</td><td style="padding: 2px;">D</td><td style="padding: 2px;">D</td> </tr> <tr> <td colspan="4" style="text-align: center;">/</td> <td colspan="4" style="text-align: center;">/</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	/				/					
Y	Y	Y	Y	M	M	D	D												
/				/															

Other Information

5	<p>Have you been convicted of a criminal offence within the last five years or are there any outstanding charges against you? If yes, give full particulars on a separate sheet.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<p>Have you ever held an insurance, securities, real estate or mortgage brokers licence in the province of Newfoundland and Labrador?</p> <p>If yes, when? _____</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<p>Have you ever had an insurance, securities, real estate or mortgage brokers licence refused, suspended, or revoked? If yes, give full particulars on a separate sheet.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<p>Have you ever been declared bankrupt or made a voluntary assignment in bankruptcy, or are you currently an undischarged bankrupt? If yes, attach 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.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Professional Liability and Fidelity Insurance Requirements

6	<p>Attach certificate(s) of insurance, naming the applicant as the insured, for professional liability insurance (errors and omissions) for an amount of at least \$1 million and fidelity insurance (loss resulting from fraudulent acts) for an amount of at least \$100,000.</p>
----------	---

Certification and Undertaking of Applicant

7

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 Financial Services Regulation Division of the Department of Government Services in writing of any material change.

Signature

Date

Y	Y	Y	Y	M	M	D	D
				/			/

Witness Name (Please Print)

Witness Signature

Date

Y	Y	Y	Y	M	M	D	D
				/			/

Undertaking of Sponsor - Sponsor must be Insurer licensed in Newfoundland and Labrador

8

I, _____, an authorized official for _____

(*Legal Name of Sponsoring Company*) recommends the applicant as a fit and proper person to receive a licence and gives notice that the applicant is Authorized to represent the sponsor when the licence is issued.

The sponsor agrees:

- (a) To perform all responsibilities required of a sponsor by the *insurance adjusters, agents and brokers act and regulations*;
- (b) That the applicant will not act as or represent or hold himself or herself out as an accident and sickness insurance representative until this application is approved; and
- (c) To give written notice to the Financial Services Regulation Division of the Department of Government Services within 2 working days following termination of a sponsored licensee in accordance with the prescribed [notice of termination of sponsorship](#) form.

Signature

Date

Y	Y	Y	Y	M	M	D	D
				/			/

Caution

9

Filing of any false information or failure to disclose full information required by or on this application may result in its rejection or in disciplinary action taken against the applicant.

Did You Remember to Attach:

10

- [Licensing fee](#) (Cheques must be made payable to Newfoundland Exchequer Account)
- Proof of Licensing from your home jurisdiction (non-residents only)
- Certificate(s) of Professional Liability and Fidelity Insurance, naming the applicant as the insured

Annual Filing Requirement

11

Once licensed, a licensee must file an Annual Filing and pay an annual fee to keep the licence in good standing. The applicant's first Annual Filing along with the filing fee will be due one year subsequent to the end of the month in which your licence became effective (e.g., for a licence with an effective date of January 15, 2009, the first Annual Filing is due by January 31, 2010, with subsequent filings due by January 31 each year thereafter).

Routing Information

12

Please return completed form by [mail](#) to Financial Services Regulations Division, Department of Government Services, P. O. Box 8700, St. John's, NL Canada A1B 4J6 or by [courier](#) to Financial Services Regulations Division, Department of Government Services, 2nd Floor West Block, Confederation Building, Prince Philip Parkway, St. John's, NL or for more information Telephone: (709) 729-2595 or Fax: (709) 729-3205

PRIVACY NOTICE

The Financial Services Regulation Division collects personal information under the authority of the *Insurance Adjusters, Agents and Brokers Act*. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Privacy (ATIPP) Act. If you have any questions about the collection or use of this information please contact our office.