

**Application for Life
(Including 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 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 following note)

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 Requirements

4	LEVEL OF LICENCE REQUESTED	EDUCATIONAL REQUIREMENTS
	LEVEL I <input type="checkbox"/>	In order to qualify for a Level I licence you must have successfully completed the full Life Licensing Qualification Program (LLQP). Please indicate the date of successful completion. LLQP Y Y Y Y M M D D / /
	LEVEL III <input type="checkbox"/>	In order to qualify for a Level III licence you must have held a Life (A&S) Licence for at least two years and must have successfully completed the Chartered Life Underwriter Program.

Other Information

5	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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever held an insurance, securities, real estate or mortgage brokers licence in the Province of Newfoundland and Labrador? (If yes, when? _____)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Professional Liability and Fidelity Insurance Requirements

- 6** 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.

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 an 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) to ensure that the applicant, if applying for a Level I licence, will be working full-time in the financial services industry which is deemed to be a minimum of 21 hours or 3 days per week;
- (c) that the Applicant will not act as or represent or hold himself or herself out as Life (including Accident and Sickness) Insurance Representative until this application is approved; and
- (d) 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.

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.

Annual Filing Requirement

- 10** 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).

Did You Remember to Attach:

- 11**
- [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
 - Certificate of designation (if applicable)

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 Regulation 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* and Regulations. 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.