



ᐅᐱᐅᐱᐅᐱᐅᐱᐅᐱᐅᐱ  
 Building Nunavut Together  
 Nunavut iuqatigiingniq  
 Bâtir le Nunavut ensemble

## Form 7R Application for an Insurance Adjuster's Licence (Renewal)

Office of the Superintendent of Insurance  
 Department of Finance, Government of Nunavut  
 2nd floor Parnaivik Building, 924 Mivvik Street  
 P.O. Box 2260, Iqaluit, Nunavut, X0A 0H0

Updated July 2013

TO: The Superintendent of Insurance of Nunavut

OSINU-07R-201307

I apply for a licence to carry on the business of an insurance adjuster in Nunavut, and submit the following statements:

1) Name of applicant \_\_\_\_\_

Residence address \_\_\_\_\_

How long have you resided in this location? \_\_\_\_\_

2) Business address \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

3) The applicant is a: Sole proprietorship  Partnership  Corporation

4) Please give full particulars below of the applicant. If a partnership, given the particulars for each partner. If a corporation, given the particulars of each officer.

Full Name	Residence Address	City / Town

5) Is the applicant engaged in any business other than that of an adjuster? Yes  No

If yes:  
 what percentage of the applicant's time is devoted to the business of an adjuster? \_\_\_\_\_  
 what is the applicant's main occupation or business apart from that of an adjuster? \_\_\_\_\_

Dated at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
*(Signature of applicant)*

**STATUTORY DECLARATION**

*(By sole proprietor, or by one of the partners or officers, as the case may be)*

NOTE: The applicant must complete this section before a commissioner for oaths or notary public.

I, \_\_\_\_\_, of \_\_\_\_\_ do solemnly declare:

that I am \_\_\_\_\_  
(sole proprietor, or, if an official, indicate office held)

of \_\_\_\_\_

named in the application and that the statements contained in the application are true in substance and in fact and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

DECLARED before me at \_\_\_\_\_ on \_\_\_\_\_  
(Place) (Date)

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(Commissioner for Oaths / Notary of Public)

**REFERENCE**

The following statement shall be signed by three persons resident in Nunavut (for residents of the territory only):

We know the applicant to be competent and trustworthy and of sufficient experience to receive from the Superintendent of Insurance a licence to act as an insurance adjuster.

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Licence No: \_\_\_\_\_

Approved by: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Date issued: \_\_\_\_\_