	Form 7 Application for an	n Insurance Adjuste	r's Licence	2	Department 2nd floor	e of the Superinten of Finance, Goverr Parnaivik Building, Box 2260, Iqaluit, N	nment of Nuna 924 Mivvik Str				
		ntendent of Insurance of	Nunavut				OSINU-007				
	I apply for a licence to	carry on the business of	an insurance	adjuster in Nunavu	ıt, and submit	the following state	ements:				
1)	Name of applicant										
,	- Residence address										
	Residence address										
	How long have you res	ided in this location?									
)	Business address										
	Business Phone		Fax		E-mail						
;)	The applicant is a:	Sole proprietorship		Partnership		Corporation					
)	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 / Toy				
	Full Name			Residence Address			City / Tow				
					Is the applicant engaged in any business other than that of an adjuster? Yes No						
)		ed in any business other	than that of a	an adjuster?		Yes	No				
		Is the applicant engaged in any business other than that of an adjuster? Yes No If yes: what percentage of the applicant't time is devoted to the business of an adjuster?									

Employer's name and address	Type of Business	Position	End date	Reason for leaving

8) Previous experience as an adjuster or in the insurance business. Give the names and addresses of employers and nature of your duties.

Employer's name	Employer addr	ess	Nature of duties					
Is the applicant or any person in ite	m 4 licensed as an insurance ag	ent or broker?	Yes	No				
))			Yes	No				
Has the applicant or any person na	med in item 4 been convicted of <u>AFFID</u>							
I,		make oath and say:						
that I am	that I am							
that I am								
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 <i>Canada Evidence Act</i> .								
DECLARED before me at		on						
—	(Place)		(Date)					
			(signature of applicant)					
		(Commissioner for Oaths / Notary of Public)						
	REFER	<u>ENCE</u>						
The following statement shall be sig	ined by three persons resident in	i Nunavut:						
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		Occupatior	۱ <u></u>				
Name	Address		Occupatior	ı				
Name	Address		Occupatior	ı				
	FOR OFFICIAL USE ONLY							
		Licence No:						
		Арг	proved by:					
		ĸ	Receipt No: Date issued:					