

PART C-BACKGROUND INFORMATION-Required for all licence applications.

Residential Address*

Street	City	Province	Postal Code
_____	_____	_____	_____

when did you first move to this address (month and year)? _____

Employment History *

Outline your employment for the past five years. Attach another page if you need more space.

Start/ End dates	employer name	Address	Reason for Laving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you propose to engage in any business other than insurance? If yes, indicate the: Yes NO

Name and the Nature of the business _____

Position you occupy in the business _____

Portion of your time you intend to devote to insurance _____

Questionnaire

Please answer the following questions. If you answer yes, note the detail in the box below. Attach another page if you need more space.

In the last 10 years, have you:

- held and insurance agent's licence in another Canadian Jurisdiction?
- had your licence suspended, revoked, or terminated?
- been refused an insurance licence by another Canadian Jurisdiction?
- been convicted of any criminal offence?
- been a defendant or respondent in any proceeding in any civil court in which fraud was alleged?
- had a judgement against you for award of money that has not been satisfied?
- been the subject of proceedings in bankruptcy?
- been discharged for cause by an employer?

Yes	No

Details

Life Licensing Qualification Program (LLQP)

If applying for life insurance agent's licence, you need to have successfully completed Date(YYY-MM-DD) _____

the Life Licensing Qualification Program (LLQP). Indicate when and where you wrote Location _____

the exam. _____

PART D-DECLARATION-Required for all applications

I understand that is contrary to the *insurance Act* of Nunavut to

- a) act as an insurance agent without having obtained the appropriate licence, and to do so would make me guilty of an offence;
- b) provide an illustration, circular or statement that misrepresents or is so incomplete that it misrepresent the terms: benefits or advantages of any policy issued or to be issued;
- c) make an incomplete comparison of any policy with that of any other insurer for the purpose of including an insured to lapse, forfeit or surrender a policy;
- d) rebate any part of the premium or commission or offer any valuable consideration as an inducement to any insured to purchase insurance;
- e) continue to carry on business as an insurance agent after my licence has expired or after the suspension of my licence without a renewal or reinstatement of my licence;

AFFIDAVIT

I, the applicant, make oath and say:

- 1) That all statements and answers contained in this application are true.
- 2) That this application is made in good faith on my own behalf and not on behalf of any person who is not competent to receive a licence and on receipt of a licence under this application I intend to hold myself out publicly and carry on business in good faith as an insurance agent

Sworn before me at

_____ on _____
City Date

Signature of Applicant

Commissioner of Oaths/Notary Public

PART E-LICENSING FEES- Required for all applications

Amount Owning*

Check all fees that apply , and record the total amount owing in the box below.

<input type="checkbox"/>	\$100 Agent-General(Nunavut resident)	<input type="checkbox"/>	\$100 Agent-Accident & Sickness
<input type="checkbox"/>	\$150 Agent(non-Resident)	<input type="checkbox"/>	\$200 Agent-Life; Accident & Sickness
<input type="checkbox"/>	\$100 Agent-Life	<input type="checkbox"/>	\$25 Licence Amendment

\$25 Please Print and send a hard copy of this Licence to the applicant's Mailing address. By default, the superintendent will send an electronic copy(.pdf) at no charge to the applicant and/or licencing representative.

Amount Owning \$

Method of Payment*

Cheque or money order, payable to the government of Nunavut

Credit card. I authorize the government of Nunavut to charge the following credit card for the total owing

<input type="checkbox"/> Visa	Card Number	_____
<input type="checkbox"/> MasterCard	Expiry(mm/yy)	_____
<input type="checkbox"/> American Express	Name on Card	_____

Signature of Cardholder or authorized individual Name-Please print Clearly



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 Building *Nunavut* Together
 Nunavut liuqatigiingniq
 Bâtir le *Nunavut* ensemble

Form 9A Notice of Appointment of Agency

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

OSINU-09A-201307

OFFICE USE

*All Fields required

Agent file No	Insurance file no.	Licence no	processed by	Received	Post-marked

PART A-APPLICANT INFORMATION

Last Name*	Given Name(s) and Initial*	City of Residence
Employer Name*		

PART B-INSURER(SPONSOR) INFORMATION

Name of Insurer*		
Contact Name*	Contact Title*	Chief Agent of Nunavut*
Contact Email*	Contact Phone*	Chief Agent of Canada*

PART C-DECLARATION OF APPOINTMENT

Note: Only an officer of the insurer authorized to sign for the head office of the insurer or a specifically authorized appointee may sign Notice of Appointment of Agency

With this notice of appointment the insurer, duly licenced to carry on business in Nunavut, is authorizing the named Applicant to act as its agent in the soliciting of and negotiating of insurance in Nunavut

The qualifications and record of the applicant have been investigated. All statements and answers contained in the accompanying licence application are true and correct to the best of my knowledge, information and belief.

I hereby recommend the applicant as a trustworthy and competent person entitled to receive an insurance agent's licence as an agent of the insurer.

In the event that this agency is terminated, written notice will be sent to the Superintendent of the insurance, without delay, indicating the reason for the termination.

Dated at	_____	_____
	City	Signature of Officer or Appointee
On	_____	_____
	Date	Name-Please print Clearly

		Title