

PART C - BACKGROUND INFORMATION - Required for initial licence applications only.

Residential Address*

Street	City	Province	Postal Code
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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 Leaving

Do you propose to engage in any business other than insurance? If yes, indicate the:

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Name and 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 details in the box below. Attach another page if you need more space.

In the last 10 years, have you:

- held an 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 the 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 a life insurance agent's licence, you need to have successfully completed the Life Licensing Qualification Program (LLQP). Indicate when and where you wrote the exam.

Date (yyyy-mm-dd) _____

Location _____

PART D - DECLARATION - Required for all applications

I understand it 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 misrepresents the terms, benefits or advantages of any policy issued or to be issued;
- d) make an incomplete comparison of any policy with that of any other insurer for the purpose of inducing an insured to lapse, forfeit or surrender a policy;
- e) rebate any part of the premium or commission or offer any valuable consideration as an inducement to any insured to purchase insurance;
- f) continue to carry on business as an insurance agent after my licence has expired or after the suspension of my licence without securing 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 for 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"/>
<input type="checkbox"/>
<input type="checkbox"/>

- \$100 Agent - General (Nunavut resident)
- \$150 Agent - General (non-resident)
- \$100 Agent - Life

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- \$100 Agent - Accident & Sickness
- \$200 Agent - Life; Accident & Sickness
- \$25 Licence Amendment

<input type="checkbox"/>

\$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 licensing representative.

Amount Owning \$

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Method of Payment*

<input type="checkbox"/>
<input type="checkbox"/>

- 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 amount owing.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- VISA Card Number _____
- Mastercard Expiry (mm/yy) _____
- American Express Name on card _____

Signature of cardholder or authorized individual

Name - please print clearly

