



Mail this form to:
P.O. Box 1529
Halifax NS B3J 2Y4

Personal Applicant Profile Information:

Name:

First and Middle Last Name

Civic Address (Not PO Box):

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country

Postal Code

Mailing Address (If Different):

Street, P.O. Box, RR #, Site #, etc.

City/Town/County Province Country

Postal Code

Contact Information:

Home Phone # Work Phone # ext



Department of Finance
Office of the Superintendent of Insurance
INDIVIDUAL INSURANCE LICENCE:

Governing Legislation: Insurance Act

Please check "one" appropriate item

INSURANCE AGENT LICENCE		
<input type="checkbox"/> New <input type="checkbox"/> Transfer (\$66.35) <input type="checkbox"/> Reinstate <input type="checkbox"/> Renew/Transfer		
<u>INDIVIDUAL LICENCE</u> LIFE <input type="checkbox"/> LLQP Life, Accident & Sickness <input type="checkbox"/> LLQP Accident & Sickness <input type="checkbox"/> Life, Accident and Sickness <input type="checkbox"/> Accident and Sickness	<u>INDIVIDUAL LICENCE</u> GENERAL <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<u>INDIVIDUAL LICENCE</u> ADJUSTER <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4
		<u>INDIVIDUAL LICENCE</u> TRAVEL <input type="checkbox"/> Travel, Accident & Baggage

Make sure application has:

- (1) All questions answered.
- (2) Supporting documents attached.
- (3) Required signatures.
- (4) \$398.10 licensing fee. (Cheque made payable to "Minister of Finance")

PART A – Examination Requirements

Check box to indicate proof of Nova Scotia Provincial Licensing exam results attached, or provide following information.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Pre-Licensing Exam Results | <input type="checkbox"/> Certificate of Authority (Non-Resident) | <input type="checkbox"/> Copy of Insurance Institute Courses (Adjuster licence only) | <input type="checkbox"/> Adjuster Agreement (Levels 1, 2 &3) (Adjuster licence only) |
|
 | | | |
| <input type="checkbox"/> General Applicant Only (Provide copy of IIC Courses or CAIB Completions) | | | |

Date Exam Written: _____

Exam marks: _____

PART B - Questionnaire

If you answer YES to any question in PART B, attach a written explanation and any documents as requested. If the Application is a transfer, only attach supporting documentation not previously submitted.

- (1) Have you ever had any licence or registration of any kind refused, suspended, revoked or subject to a disciplinary hearing? YES NO
- (2) Have you ever been convicted of an offence in any province, territory, state or country or are you currently the subject of any charges? YES NO
- (3) Have you ever been involved in a personal or corporate bankruptcy within six years of the date of this application? (If yes, attach statement of affairs and/or discharge) YES NO
- (4) Are there any unpaid judgements against you? YES NO
- (5) Will you be engaged or employed in any other business, occupation or profession? YES NO
- (6) Have you ever had an employment or business relationship terminated for breach of trust or confidentiality, fraud, misappropriation of funds, theft, forgery, sexual harassment or physical assault? YES NO
- (7) Do you currently hold, or have you previously held, an Insurance Agent Licence in the Province of Nova Scotia? YES NO

PART C – General Information

1) Date of Birth: _____
 Day Month Year

Name, address and Revenue Canada Business Number of Agency where you will be employed:

2) Are you currently licenced/registered for the sale of any other financial products or services. If yes, please provide details.

3) List the complete range of financial products you propose to sell:

4) Are you a director, officer or employee of a bank, loan corporation, finance or trust company? (If yes, specify which and provide name and address of such bank, loan corporation, finance or trust company)

5) General Agents Only – Are trust monies payable to (check one):

Agency

Sponsor

You

Provide name and address of financial institution in which you deposit all monies:

PART D – Employment History

Provide employment history during the past three years.

Name & Address of Employer	Nature of Employment	Period of Employment (give dates) From: dd/mm/yyyy To: dd/mm/yyyy	

PART E – Applicants Signature

I, the undersigned:

- (1) confirm the information presented is correct;
- (2) agree to abide by the Insurance Act & Regulations
- (3) authorize the Department of Finance to verify the information given with the appropriate sources.

Date of Application

Signature of Applicant

PART F - Certificate of Sponsor

Agent Name

Is hereby sponsored to apply for a licence under the Insurance Act of Nova Scotia and to act as an (please designate): agent _____, adjuster _____ of _____

Name of Sponsoring Insurer or Corporate Adjuster upon issuance of a licence by the Superintendent of Insurance.

The information given by the applicant in this application is true to the best of my knowledge. If, and when, this sponsorship is terminated, the sponsor will provide written notice of withdrawal to the Superintendent of Insurance including the date and reason for termination.

Date _____

By _____

Authorized Signature

Title of Signing Official

Print Name

LEVEL I - PROBATIONARY ADJUSTER AGREEMENT

I, the undersigned being an officer of a company that holds a valid Level V - Partnership or Corporate Adjusters Licence issued under the Insurance Act, hereby undertake to provide for continuous supervision of _____ by a Level IV licensee employed in the same office premises as this Level I licensee. I agree to be accountable for all business activities of the applicant.

I, _____, the holder of Level I - Probationary Adjuster Licence, hereby agree to act under continuous supervision of the holder of a Level IV licence.

I acknowledge that, in accordance with Section 3 of the Regulations pursuant to Part IV of the Insurance Act, approved on November 24, 1992, that I may perform any activities relating to adjusting except that I may not:

- (a) make or sign a report to any insurer,
- (b) negotiate an insurance settlement, or
- (c) attempt to interpret insurance coverage.

If this agreement is terminated by either party, written notice of termination and the reason must be provided to the Superintendent of Insurance, by the Level V licensee within 14 days of the termination date.

Date (d/m/y)

Firm Name

Officer or Partner of Level V Adjuster Company
(Please sign and print name)

Level I - Probationary Adjuster
(Please sign and print name)

LEVEL II - ASSISTANT ADJUSTER AGREEMENT

I, the undersigned being an officer of a company that holds a valid Level V - Partnership or Corporate Adjusters Licence issued under the Insurance Act, hereby undertake to provide for continuous supervision of _____ by a Level IV licensee employed in the same office premises as this Level II licensee. I agree to be accountable for all business activities of the applicant.

I, _____, the holder of Level II - Assistant Adjuster Licence, hereby agree to act under continuous supervision of the holder of a Level IV licence.

I acknowledge that, in accordance with Section 5 of the Regulations pursuant to Part IV of the Insurance Act, approved on November 24, 1992, that I may perform any activities relating to adjusting and that I may:

- (a) make or sign a report relating to insurance claims,
- (b) negotiate an insurance settlement, or
- (c) interpret insurance coverage.

If this agreement is terminated by either party, written notice of termination and the reason must be provided to the Superintendent of Insurance, by the Level V licensee within 14 days of the termination date.

Date (d/m/y)

Firm Name

Officer or Partner of Level V Adjuster Company
(Please sign and print name)

Level II - Probationary Adjuster
(Please sign and print name)

LEVEL III - ADJUSTER AGREEMENT

I, the undersigned being an officer of a company that holds a valid Level V - Partnership or Corporate Adjusters Licence issued under the Insurance Act, hereby undertake to provide for continuous supervision of _____ by a Level IV licensee employed in the same office premises as this Level III licensee. I agree to be accountable for all business activities of the applicant.

I, _____, the holder of Level III - Adjuster Licence, hereby agree to act under continuous supervision of the holder of a Level IV licence.

I acknowledge that, in accordance with Section 7 of the Regulations pursuant to Part IV of the Insurance Act, approved on November 24, 1992, that I may perform any activities relating to adjusting and that I may:

- (a) make or sign a report relating to insurance claims,
- (b) negotiate an insurance settlement, or
- (c) interpret insurance coverage.

If this agreement is terminated by either party, written notice of termination and the reason must be provided to the Superintendent of Insurance, by the Level V licensee within 14 days of the termination date.

Date (d/m/y)

Firm Name

Officer or Partner of Level V Adjuster Company
(Please sign and print name)

Level III - Probationary Adjuster
(Please sign and print name)



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1. Visit the Nova Scotia Business Registry online at www.nsbr.ca
 2. In the non-subscribed services, click on the Enter button.
 3. Select the Financial Institutions - Office Of the Superintendent of Insurance - Select type of Licence.

OR

Mail To: Service Nova Scotia & Municipal Relations
Nova Scotia Business Registry
PO Box 1529 Halifax, NS B3J 2Y4

Drop Off: Office of the Superintendent of Insurance
1723 Hollis Street, 4th Floor, Halifax, NS B3J 1V9

For your protection, this page containing financial information will be shredded once processed

Payment Type: Cheque Money Order Visa MasterCard American Express

(Credit Card Account Number)

(Card Holder's Name)

(Expiry Date mm/yy)

(Signature)

- This authorizes the Department of Service Nova Scotia & Municipal Relations to process all Licence Fees required by the above mentioned Applicant through the credit card indicated and understands that the credit card slip may not be signed by the Card Holder.
- Post dated cheques will not be accepted.
- All payments must be in Canadian funds and made payable to: **The Minister of Finance.**
- To obtain your new licence this application must be submitted with payment; however the submission of an application with payment does not guarantee application approval or licence issuance.