

ALBERTA INSURANCE COUNCIL

Application For General Insurance Agents Certificate of Authority

1.) NAME OF APPLICANT Last First Middle Male Female
2.) RESIDENCE ADDRESS Street or Avenue City Province or State Postal Code
3.) APPLICANT'S DATE OF BIRTH Month Day Year 4.) RESIDENCE TELEPHONE
5.) CORPORATE NAME OF BUSINESS (If Any)
6.) TRADE NAME OF BUSINESS (If Any)
7.) BUSINESS ADDRESS Suite, Floor or Box # Number Street or Avenue
City Province or State Postal or Zip Code Business Telephone Business Fax
Email address:

8.) CERTIFICATE APPLIED FOR (Only one certificate per application)
General Insurance Agent Level 1 Level 2
General Insurance Agent limited to: Hail Livestock Other

9.) EMPLOYMENT HISTORY FOR THE PREVIOUS FIVE YEARS (Include months, years and periods of unemployment)

Table with 3 columns: EMPLOYER'S NAME, DATES (FROM, TO), POSITION HELD. Multiple empty rows for data entry.

10.) Do you have any other occupation or employment other than as an insurance agent? Yes No (If yes provide details)

I understand that I must at, the time of taking any other occupation or employment, report the other occupation or employment to the Alberta Insurance Council prior to commencing such activities and I undertake to do so.

11.) Are you currently the holder of any other certificate, license or registration to deal with the public? Yes No (If yes provide details)

DO NOT WRITE BELOW THIS LINE

FILE Date Approved DD / MM / YY By Fee Applied \$

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12.) IN THE LAST TEN YEARS HAVE YOU:	YES	NO	If the answer to any part of this question is yes, give complete details below. Use attachment if required.
a) Been licensed as an insurance agent in Alberta or elsewhere? (Non-Residents attach a certificate of status from home jurisdiction)	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Been refused registration or licensing to deal with the public?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Had registration of licensing to deal with the public revoked?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) Been convicted of an offence under the Insurance Act or any other enactment? (ALL APPLICANTS MUST PROVIDE AN ORIGINAL COPY OF A SECURITY CLEARANCE WHICH IS LESS THAN THREE MONTHS OLD)	<input type="checkbox"/>	<input type="checkbox"/>	_____
e) Had a court judgment for the award of money against you that has not been satisfied?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f) Been discharged for cause by an employer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g) Been subject to proceedings in bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	_____

13.) Is this application intended to apply for: (You must check one of these choices yes)

A new certificate of authority Yes No or To transfer or reinstate an existing certificate of authority? Yes No

If the answer is yes please provide the license number off of the current certificate of authority.

14.) CONTINUING EDUCATION (Not applicable to first time applicants, Hail or Livestock applicants)

The regulations require each certificate holder to obtain 15 hours of continuing education that has been approved under the regulation. Have you obtained the required number of continuing education credits to apply for this certificate.

Yes No

15.) DECLARATION

I certify that the foregoing information is true and I agree that by signing this application I accept the responsibility for these answers and undertakings. I further understand that a false declaration in this application could lead to the suspension or revocation of the certificate and/or the levy of a civil penalty under the provisions of the applicable regulations.

Signature of Applicant

Date

16.) RECOMMENDATION (This may only be used in applying for a certificate as a general insurance agent to represent a business and the recommendation may only be made by the Designated Representative of the business named on this application.)

The business confirms that the qualifications and record of the applicant have been investigated and this recommendation is made pursuant to the requirements of section 459 of the Act. We further confirm that we have established the screening procedures required by section 485 of the Act and have evaluated this applicant using those procedures.

NAME OF DESIGNATED REPRESENTATIVE: _____

It is understood and agreed that this recommendation will remain in effect until cancelled in writing and that the Alberta Insurance Council will be advised of the reasons for the termination in accordance with the requirements of sections 473 and 476 of the Act. I certify that the foregoing information is true and correct to the best of my knowledge and belief and that I accept the responsibilities attached to this recommendation.

Date

Signature of Designated Representative

The above recommendation for an insurance agent can only be signed by a properly licensed Designated Representative of the business named on this application.

Date