FORM 5

# ALBERTA INSURANCE COUNCIL

APPLICATION FOR RESTRICTED AGENTS
CERTIFICATE OF AUTHORITY

## CORPORATE INFORMATION

**1.) Legal Name:** _____

**2.) Trade Name:** _____

**3.) Business Address:** _____ Street

City: _____ Province: _____ Postal Code: _____

Bus. Telephone _____ Fax Number _____ Email: _____

**4.) Applicants Designated Individual:** _____ Last : _____ First: _____ Initial: _____

**5.) Type of Organization:**

Corporation ☐ Where incorporated? _____ Corporate Access Number: _____

Partnership ☐ Sole Proprietorship ☐

**6.) Type of Certificate** applied for: **(Only One Class/Type per application)**

| | | Equipment Warranty | Credit Related | Personal Accident Type | Travel | Group Travel | Cargo |
|---|---|---|---|---|---|---|---|
| ☐ | Auto Dealership | ☐ Yes | ☐ Yes | No | No | No | No |
| ☐ | Marine Dealer | ☐ Yes | ☐ Yes | No | No | No | No |
| ☐ | Recreational Dealership | ☐ Yes | ☐ Yes | No | No | No | No |
| ☐ | Farm Implement Dealership | ☐ Yes | ☐ Yes | No | No | No | No |
| ☐ | Construction Equipment Dealers | ☐ Yes | ☐ Yes | No | No | No | No |
| ☐ | Travel Agency | No | No | No | ☐ Yes | No | No |
| ☐ | Transportation Company | No | No | No | ☐ Yes | No | ☐ Yes |
| ☐ | Deposit Taking Institution | No | ☐ Yes | ☐ Yes | No | ☐ Yes | No |
| ☐ | Sales Finance Company | No | ☐ Yes | No | No | No | No |
| ☐ | Freight Forwarder | No | No | No | No | No | ☐ Yes |
| ☐ | Customs Broker | No | No | No | No | No | ☐ Yes |

**7.)** Applicants for a Restricted Certificate of Authority must provide a list all employees who will represent the applicant in the sale of insurance products. (Use reverse side of the application or provide a separate attachment)

**8.) Declaration**

I certify that I am authorized to sign for this company and that the foregoing information is true and complete.

_____ Designated Individual

_____ Signature

_____ Date

**9.) FEE SCHEDULE**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1-4 | Employees | $150.00 | 5-10 | Employees | $225.00 | 11-15 Employees | $375.00 |
| 16-20 | Employees | $500.00 | 21-99 | Employees | $700.00 | 100-249 Employees | $1,500.00 |
| 250-499 | Employees | $3,000.00 | 500 or more | Employees | $5,500.00 | | |

**10.) RECOMMENDATION OF INSURER.** I recommend that the applicant be granted a certificate of authority to act as an insurance agent for: Name of Insurer;
It is understood 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.

_____ Date

_____ Name (please print)

_____ Signature

_____ Official Capacity

**DO NOT WRITE IN THIS SPACE**

| FILE | DATE APPROVED | FEE APPLIED |
|---|---|---|
| | Month Day Year | $ . |