

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
<input type="checkbox"/>	Auto Dealership	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No	No	No
<input type="checkbox"/>	Marine Dealer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No	No	No
<input type="checkbox"/>	Recreational Dealership	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No	No	No
<input type="checkbox"/>	Farm Implement Dealership	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No	No	No
<input type="checkbox"/>	Construction Equipment Dealers	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No	No	No
<input type="checkbox"/>	Travel Agency	No	No	No	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/>	Transportation Company	No	No	No	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes
<input type="checkbox"/>	Deposit Taking Institution	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/>	Sales Finance Company	No	<input type="checkbox"/> Yes	No	No	No	No
<input type="checkbox"/>	Freight Forwarder	No	No	No	No	No	<input type="checkbox"/> Yes
<input type="checkbox"/>	Customs Broker	No	No	No	No	No	<input type="checkbox"/> 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

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

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

FILE

DO NOT WRITE IN THIS SPACE
DATE APPROVED

FEE APPLIED

Month	Day	Year
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