

CORPORATE INFORMATION

1.) **Legal Name:** _____

2.) **Trade Name:** _____

3.) **Business Address:** _____ City _____ Province _____

Postal Code: _____ Business Telephone: _____ Business Fax: _____

Email: _____

4.) Type of Organization

Corporation Where Incorporated? _____ Corporate Access Number _____

Partnership Names of Partners _____

Sole Proprietorship

5.) Type of Certificate applied for: (Only one Class per application)

Adjuster General Insurance Accident and Sickness Life

Other _____

6.) Corporate Profile

a) Is this firm presently licensed in Alberta or elsewhere? Yes No

If Yes where? _____

b) Does this firm engage in any business other than the insurance business? Yes No

If Yes please provide full details _____

c) Is this firm affiliated with any other firm that is engaged in the insurance business? Yes No

If Yes please provide the name(s): _____

7.) In the last ten years has this firm:

a) Been refused Registration or Licensing to deal with the public? Yes No

b) Had its Registration to deal with the public suspended or revoked? Yes No

c) Been convicted of an offense under the Insurance Act or any other enactment? Yes No

d) Been a defendant in any proceeding in any court wherein fraud was alleged? Yes No

e) Had a court judgment for the award of money that has not been satisfied? Yes No

If the answer to any part of this question is Yes ,please provide complete details

(attach a separate sheet if necessary)

8.) DESIGNATED REPRESENTATIVE

This appointment will replace any current Designated Representative for this class of certificate.

NAME:

Last : _____ First: _____ Initial: _____ D.O.B. _____

9.) DECLARATION

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

Name(if not the Designated Representative) Signature Date

10.) RECOMMENDATION

The qualifications and record of the applicant have been investigated and all statements and answers in the foregoing application are true and correct to the best of my knowledge, information and belief. I further confirm that this application contains two pages and that I have reviewed the information contained on both pages. I recommend that the applicant be granted a certificate of authority to act as an agent for:

Name of Insurer: _____

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 termination.

Date Name (please print) Signature Official Capacity

DO NOT WRITE BELOW THIS LINE

FILE

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DATE APPROVED

Month	Day	Year
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FEE APPLIED

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RETURN COMPLETED APPLICATION TO:

Alberta Insurance Council
600 Bell Tower
10104 - 103 Avenue
Edmonton, Alberta T5J 0H8
Telephone: (780) 421-4148
Facsimile: (780) 425-5745

Alberta Insurance Council
Suite 500
222 - 58 Avenue SW
Calgary, Alberta T2H 2S3
Telephone: (403)233-2929
Facsimile: (403)233-2990

This application consists of two pages and is not complete without both pages.