

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)

