

ALBERTA INSURANCE COUNCIL

Application For Limited Adjusters 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)

You must Select One Only Designated Representative (Limited) Adjuster (Limited)

You must Select One Only Hail Equipment Warranty Travel

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

EMPLOYER'S NAME	DATES		POSITION HELD
	FROM	TO	

10.) Do you have any other occupation or employment other than as an insurance adjuster? 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 \$.

IMPORTANT: ALL NEW APPLICANTS MUST PROVIDE A SECURITY CLEARANCE WHICH IS LESS THAN THREE MONTHS OLD. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS DOCUMENT.

ALBERTA INSURANCE COUNCIL

**Application For Limited Adjusters
Certificate of Authority**

- | | | |
|--|--------------------------|--------------------------|
| 12.) IN THE LAST TEN YEARS HAVE YOU: | YES | NO |
| a) Been licensed as an insurance adjuster 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 offense 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 judgement 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"/> |

If the answer to any part of this question is yes, give complete details below.

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.) 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.

Signature of Applicant

Date

15.) **RECOMMENDATION** (This may only be used in applying for a certificate as an adjuster and this 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 464 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 adjuster can only be signed by the Designated Representative of the business