



**APPLICATION FOR INSURANCE CORPORATION/PARTNERSHIP
INSURANCE ADJUSTER CORPORATION/PARTNERSHIP
AGENT'S (OTHER THAN LIFE) CORPORATION/PARTNERSHIP**

FEE	APPLICATION FOR	PREVIOUS YR. LICENCE NO.	COMPLETE SECTIONS
\$400	Life Insurance Agent's Corporation Licence <input type="checkbox"/> New <input type="checkbox"/> Renewal		A-B-D-G-H
\$200	Life Insurance Agent's Partnership Licence <input type="checkbox"/> New <input type="checkbox"/> Renewal		A-C-D-G-H
\$400	Agent's Corporation Licence (Other Than Life) <input type="checkbox"/> New <input type="checkbox"/> Renewal		A-B-D-F-G-H
\$200	Agent's Partnership Licence (Other Than Life) <input type="checkbox"/> New <input type="checkbox"/> Renewal		A-C-D-E-F-G-H
\$200	Insurance Adjuster's Corporation Licence <input type="checkbox"/> New <input type="checkbox"/> Renewal		A-B-D-E-G-H
\$200	Insurance Adjuster's Partnership Licence <input type="checkbox"/> New <input type="checkbox"/> Renewal		A-C-D-E-G-H

Note: Part H is required to be completed by New Applicants Only.

For FSCO Use Only	
License No. _____ Date Issued: _____ Expiry Date: _____ Approved By: _____ <input type="checkbox"/> Attachments <input type="checkbox"/> Fee Payment	

PART A: IDENTIFICATION INFORMATION-ALL APPLICANTS

Personal information requested on this Application is collected under the authority of the *Insurance Act*, R.S.O. 1990, C.I.8, as amended. This information will be used to determine if an applicant is qualified to have a licence issued or renewed. Pursuant to the *Freedom of Information and Protection of Privacy Act*, 1987, the personal information requested will be used to verify the information supplied from any source which may have information pertinent to the information provided. Any questions about this collection may be directed to the Senior Manager, Registration.

PLEASE PRINT OR TYPE ALL INFORMATION

Application on behalf of:					
Name under which business will be operated (if different from above - attach business registration):					
Mailing Address	_____				
City	Province	Postal Code	Telephone No.	Fax No.	E-mail Address
Contact Name:			Position:		

- | | |
|------------------------------------|--|
| New Corporate Applicants: | Attach Articles of Incorporation |
| New Partnership Applicants: | Attach Business Registration |
| New/Renewal Applicants: | Attach any related amendments made to the above Articles or Registration |
| Name Change Only: | Attach copy of Articles of Amendment |

1. This application consists of eight parts, Parts A to H. Part H is required to be completed by NEW applicants only.
2. If you have any questions you may contact the Agents and Adjusters Voice menu Response System at (416) 250-9209 [Toronto] and at (1-800) 263-0541 [outside Toronto]. You may also obtain information at our Internet address of www.fsco.gov.on.ca or by writing the Financial Services Commission of Ontario, Licensing and Enforcement Division, Agents and Adjusters Section, 5160 Yonge Street, Box 85, North York, Ontario, M2N 6L9.

3. Incomplete applications - those that are missing any of the items below - will be returned without processing.

- Responses to all required parts and questions
- Relevant attachments and supporting documents
- Required signatures
- Required fee - make all cheques and money orders payable to the "THE MINISTER OF FINANCE"

Please be aware, that the deposit of a cheque or money order does not automatically mean that the individual is licensed. Following good management practices, all cheques are deposited on receipt. If an individual does not wish to renew their licence, a refund cheque will be issued upon request.

4. **It is your responsibility to ensure that your licence is always in force.**

Providing false, misleading or incomplete information on this application and/or any attachments may be sufficient grounds to reject the application or revoke a licence, or result in prosecution.

PART B: FOR CORPORATIONS

Head Office Address: _____ _____ _____	Telephone No.: _____
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Please provide the name of one person and the **current Ontario licence number**, who may act in the name and on behalf of the corporation carrying on the business of insurance in Ontario.

Name	Licence #	Expiry Date
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If insufficient space, please attach additional sheet. If any shareholder holds more than 50% of the issued and voting shares, please provide their **current Ontario licence number**.

Date of Incorporation: _____		Jurisdiction: <input type="checkbox"/> Ontario <input type="checkbox"/> Other - please specify: _____		
List all Shareholders/ Officers/Directors (Individual or Corporate) (Tick all applicable boxes)	Resident of Canada	Address	Occupation of Shareholder/ Director/Officer	Number and Type of Shares (Do Not State %)
<input type="checkbox"/> Shareholder <input type="checkbox"/> Dir. <input type="checkbox"/> Off.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Shareholder <input type="checkbox"/> Dir. <input type="checkbox"/> Off.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Shareholder <input type="checkbox"/> Dir. <input type="checkbox"/> Off.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Shareholder <input type="checkbox"/> Dir. <input type="checkbox"/> Off.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Shareholder <input type="checkbox"/> Dir. <input type="checkbox"/> Off.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

PART C: FOR PARTNERSHIPS

Please provide the names of all partners and their **current Ontario licence numbers**, who may act in the name and on behalf of the partnership carrying on the business of insurance in Ontario.

Date of Registration: _____	Jurisdiction: <input type="checkbox"/> Ontario <input type="checkbox"/> Other - please specify: _____	
Name	Licence No.	Expiry Date

PART D: ALL APPLICANTS

Is the corporation/partnership engaged in any business other than insurance? Yes No % of Time to Insurance: _____

If yes, state the name and nature of business: _____

List any other licences held, along with corresponding licence number: _____

Attach separate sheet if additional space required.

PART E: FOR ADJUSTERS, CORPORATIONS/PARTNERSHIP

Please indicate the class/classes of insurance that the corporation/partnership will act as adjuster:

Automobile Property Liability Other

All Classes Restricted To: _____

Will the adjusting corporation/partnership act on behalf of: the Company the Public

PART F: NOTICE OF APPOINTMENT FOR AGENT'S CORPORATION/PARTNERSHIP (OTHER THAN LIFE)

To be completed by the licensed insurer that is sponsoring the corporation/partnership.

_____ (Applicant's Name)

is hereby authorized in writing to act as an agent for _____

_____ (Name of Insurer)

The company has investigated the record of the applicant and we are satisfied that:

- the principals of the corporation/partnership are of good character and reputation;
- the corporation/partnership has the experience that is appropriate to the responsibilities of an agent of the company, and
- the corporation/partnership is in all respects a suitable corporation/partnership to receive a licence.

If the company terminates, this corporation/partnership, written notice is to be given to the Superintendent, Financial Services, within 30 days of such termination, together with the reasons for the termination, in accordance with Section 393(6) of the *Insurance Act*.

_____ (Company Name)

Signature - Authorized Officer	Title
_____	_____

Please Print - Name of duly authorized officer of company	Date	(12-00)
_____	_____	

PART G: ALL AFFIDAVIT

On behalf of the applicant, I, the undersigned, do hereby state:

1. The statements, declarations and answers to the questions in this application, including attachments, are true, correct and complete.
2. I am familiar with the laws of Ontario relating to the licensing of insurance corporations/partnerships and promise to abide by these laws and regulations.
3. The corporation/partnership will hold itself out publicly and carry on business in good faith as an insurance corporation/partnership only in the name in which the company is licensed.
4. I understand that any licence issued may be revoked if there is a misstatement in this application.
5. The corporation/partnership is legally entitled to carry on business in Canada and has made all the required provincial and federal government regulatory filings to ensure the ongoing registration of the corporation/partnership.
6. As a licensed insurance corporation/partnership, it will not be an officer or employee of a bank or other deposit-taking institution, loan corporation or financial company, and will not be a mortgage Broker who is not also registered a real estate broker under the *Real Estate and Business Brokers Act*.
7. As a licensed insurance corporation/partnership, it will not occupy office space in the office of a :
 - bank, or ther deposit-taking institution, loan corporation or financial Company;
 - mortgage broker who is not also registered as a real estate broker under the *Real Estate and Business Brokers Act*;
 - doctor or dentist;
 - lawyer or employee thereof;
 - accountant, auditor or trustee in bankruptcy;
 - police officer;
 - member of the clergy or a minister; or
 - full-time employee of the Government of Canada or any branch thereof, of any provincial government in Canada or any branch thereof or of a Crown corporation.
8. As a licensed insurance adjuster corporation/partnership, it will not offer inducement or use coercion or undue influence in order to control, direct or secure insurance business.
9. The applicant will not act as an insurance corporation/partnership until a licence is issued.

(Signature of Applicant) (Sworn if necessary)

(Date)

PART H: NEW APPLICANTS ONLY

Sworn before me _____
(Print name of Commissioner or Notary Public)

at the _____ in the _____
(City, Town, Village, etc.) (Regional Municipality, County, etc.)

this _____ day of _____, _____

(Signature of Commissioner or Notary Public)
(A commissioner for taking Affidavits or Notary Public)