



Agency Travel Transfer of Sponsorship Form

General Insurance Council of Saskatchewan

**Contact Council if you are uncertain you are completing the correct form
The fee for a transfer of sponsorship is \$25**

Part A: Agency Information

Name which agency will carry on business and in which the licence is to be issued.

Business address

Number and Street

City/Town

Province/State

Postal Code/
Zip Code

Business telephone and extension

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Business Fax

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Business e-mail

Address mail will be sent to (complete only if different than business address)

Number and Street

City/Town

Province/State

Postal/Zip Code

Part B: Non-resident Applicants

1. Saskatchewan Address for Service (As required by Section 421 of *The Saskatchewan Insurance Act*)

street/box

city/town

province

postal code

Part C: Other licensing requirements

Errors & Omissions Insurance

Attach a copy of the E & O Certificate in the name of the agency to this application form. *Refer to the bylaws to determine E & O requirement.*

Part D: Background

The following are questions relevant to *The Saskatchewan Insurance Act* regarding trustworthiness and suitability to be licensed.

For any questions where you answered yes, or where disclosure is called for, please provide complete details on a separate sheet of paper and attach to the application form.

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|--|---|
| <p>1. Have you or any principal shareholder, officer or director ever held an insurance licence anywhere in Canada or in another country? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If yes, please provide information about licence year, licence class and jurisdiction.</i></p> <p>2. Has any insurance licence held by you or any principal shareholder, officer or director, or other licence or registration for selling financial products, ever been suspended or revoked anywhere in Canada or in another country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3. Have you or any principal shareholder, officer or director ever been refused an insurance licence or other licence or registration for selling financial products anywhere in Canada or in another country? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>4. Do you or any principal shareholder, officer or director currently or plan to engage in any business or occupation other than the insurance business? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>5. Have you or any principal shareholder, officer or director ever been the subject of any steps in bankruptcy or receivership? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If yes, please provide a copy of the documents involved. If a discharge from bankruptcy or other settlement was obtained, please provide a copy.</i></p> <p>6. Please disclose any complaint, investigation or charges against you or any principal shareholder, officer or director, past or still pending, for any criminal, quasi-criminal, regulatory or disciplinary offence anywhere in Canada or in another country? <i>(it is not necessary to report offences dealt with by simply paying a ticket)</i>
<input type="checkbox"/> Nothing to disclose <input type="checkbox"/> Disclosure attached</p> <p>7. Please disclose any other type of legal action against you or any principal shareholder, officer or director, past or still pending, for acts such as mishandling of funds, misrepresentation, fraud, conversion, undue influence or breach of trust?
<input type="checkbox"/> Nothing to disclose <input type="checkbox"/> Disclosure attached</p> |
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Part E: Consent to the Collection, Use and Disclosure of Information

By applying for an insurance licence or the continuation of the insurance licence, I understand personal information or personal information about any principal shareholder, officer or director will need to be collected from me and from other sources such as the sponsor of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies, previous employers or other organizations in the financial services sector. I, therefore, consent to the collection and use of this personal information for the purpose of determining the suitability for licensing or the continuation of this licence.

I further understand and consent to disclosing personal information to the sponsor of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector, in order to determine my suitability for licensing or the continuance of this licence.

X

Signature of authorized official

X

Print name of authorized official

Part F: Declaration

The making of a false statement on this application constitutes a material mis-statement and may result in the refusal of this application and the subsequent suspension or cancellation of any licence issued. This application is required to be signed by an authorized official of the applicant named herein.

I, _____, solemnly declare that all statements and answers in the foregoing application including attachments are true and correct, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of authorized official

Date signed

Part G: Sponsor Declaration

To be completed by the licensed insurer sponsoring the agency.

Please Print

Applicant's Name _____

Is hereby sponsored and authorized to act as an agency of the undersigned sponsor.

The sponsor certifies that the qualifications and business record of the applicant have been investigated and that the applicant is suitable to receive a licence.

To the best of our knowledge, information and belief, all statements and answers contained in the foregoing application are true and correct.

It is understood, if and when this licensee ceases to represent the sponsor named herein, written notice will be given to the General Insurance Council of Saskatchewan within five days of termination including the reason for termination.

Print Name of Sponsor

Authorized Officer Print Name	Signature	Date
		MM DD YYYY
Phone number ()	Fax number ()	E-mail address

Licensing Department
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