



Life Insurance Council of Saskatchewan

Restricted Insurance Agent (RIA) Application

If you have any questions about this application contact the Life Insurance Council of Saskatchewan or visit our web site at www.skcouncil.sk.ca.

Council's regular business hours are Monday to Friday, 8:00 a.m. to 4:30 p.m.

Incomplete Applications – any missed items as listed below may be returned without processing.

- Response to any required information or question.
- Relevant attachments or supporting documents.
- Required signatures.
- Required fee.

Application Fee

The application fee is based on the number of employees offering insurance on behalf of the RIA. Please refer to Part D of this application for the schedule of fees.

Submitting Applications

All licence applications must be reviewed and signed by the sponsoring insurer prior to forwarding to Council at:

Licensing Department
Insurance Councils of Saskatchewan
310 – 2631 – 28th Avenue
Regina SK S4S 6X3

Tel: 306.347.0862
Fax: 306.347.0525



Life Insurance Council of Saskatchewan

Restricted Insurance Agent Application

For ICS use only	Received Date
Receipt No.	
Licence No.	
Date Issued	

Part A: Restricted Insurance Agent Entity Types and Eligible Classes of Insurance For Each Entity Type

This form may be used by an applicant who is applying as contracted agent for one or more of the RIA Entity Type(s) listed below.

Check the RIA Entity Type(s) that apply to the applicant	Creditor's Life Insurance	Creditor's Disability Insurance	Creditor's Loss of Employment Insurance	Personal Life Insurance
<input type="checkbox"/> Automobile Dealership	Yes	Yes	Yes	No
<input type="checkbox"/> Construction Equipment Dealership	Yes	Yes	Yes	No
<input type="checkbox"/> Farm Implement Dealership	Yes	Yes	Yes	No
<input type="checkbox"/> Marine Dealership	Yes	Yes	Yes	No
<input type="checkbox"/> Recreational Vehicle Dealership	Yes	Yes	Yes	No
<input type="checkbox"/> Deposit-taking Institution	Yes	Yes	Yes	Yes
<input type="checkbox"/> Financing Corporation	Yes	Yes	Yes	No
<input type="checkbox"/> Mortgage Broker	Yes	Yes	Yes	No

Part B: Restricted Insurance Agent

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

List all business trade names that will be used

Is the RIA: (Please place a check mark in the box which applies to the applicant)*

- a corporation
- a partnership
- registered under the Business Names Registration Act

A copy of the Saskatchewan Certificate of Registration, must accompany this application if the applicant for licence is a corporation, partnership or is registered under The Business Names Registration Act.

*This Part does not apply to an applicant that is a Chartered Bank, A Railway Corporation, or a corporation registered under *The Credit Union Act* or *The Co-operatives Act* or an extra-provincial insurer licensed under *The Saskatchewan Insurance Act*.



Main Business address			
Number and Street			
City/Town		Province/State	Postal Code/ Zip Code
Business telephone and extension ()	Business Fax ()	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
Give full particulars below of the individual who will pursuant to Section 15.11(3) of The Saskatchewan Insurance Amendment Regulations 2010 be the Designated Individual to receive notices and other documents pursuant to the Act.			
Name of Designated Individual	Business Address	Email address	Telephone/Fax

Part C: Background

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

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

1. Has any insurance licence or other licence or registration for selling financial products held by the RIA applicant, ever been suspended or revoked anywhere in Canada or in another country? ___No ___Yes
2. Has the RIA applicant ever been refused an insurance licence or other licence or registration for selling other financial products anywhere in Canada or in another country? ___No ___Yes
3. Is there any complaint, investigation or charges against the RIA applicant past or still pending, for any criminal, quasi-criminal, regulatory or disciplinary offence anywhere in Canada or in another country? *(it is not necessary to report offences dealt with by simply paying a ticket)*
___Nothing to disclose ___Disclosure attached
4. Please disclose any other type of legal action against the RIA applicant past or still pending, for acts such as mishandling of funds, misrepresentation, fraud, conversion, undue influence or breach of trust? ___Nothing to disclose ___Disclosure attached



Part D: Employees representing the Restricted Insurance Agent

The licence fee is based on the number of employees that will be offering insurance to consumers on behalf of the RIA. Please identify the total number of employees that will be offering the insurance.

Note: If the maximum fee is paid, the applicant does not need to provide a list of employees who will be offering the insurance.

	Number of Employees of Restricted Licensee			Licence Fee
<input type="checkbox"/>	1	to	4	\$150
<input type="checkbox"/>	5	to	10	\$225
<input type="checkbox"/>	11	to	15	\$375
<input type="checkbox"/>	16	to	20	\$500
<input type="checkbox"/>	21	to	99	\$700
<input type="checkbox"/>	100	to	249	\$1,500
<input type="checkbox"/>	250	to	499	\$3,000
<input type="checkbox"/>	500	or more		\$5,500

List the employees that will be offering insurance on behalf of the RIA agent to Saskatchewan residents.

LAST NAME, FIRST NAME	CITY/TOWN	LAST NAME, FIRST NAME	CITY/TOWN
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

Attach a separate sheet of paper if the space above is not sufficient to list all the employees.



Part E: Disclosure of Contracted Agent(s)

The Saskatchewan Insurance Amendment Regulations, 2010 Part IV.1, Section 15.11(1)(f), allows under certain circumstances, an agent to be contracted by an RIA licensee to market on behalf of the RIA licensee, insurance products to customers of the RIA licensee.

If you use or intend to use any corporation, partnership or individual other than employees of your agency to offer or sell insurance to the public on your behalf, please disclose the names of those entities.

FULL LEGAL NAME OF AGENT	ADDRESS OF AGENT	CONTACT INFO
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1.

2.

3.

4.

5.

Part F: 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 G: Errors & Omissions Insurance

Errors & Omissions Insurance

Attach a copy of the E & O Certificate in the name of the Restricted Insurance Agent unless exempted under the Life Insurance Council Bylaw, Schedule A, Part III, Section 3 (2).

Part H: Consent to the Collection, Use and Disclosure of Information

By applying for a Restricted Insurance Agent licence or the continuation of the insurance licence, I understand personal information or personal information about any principal shareholder, officer or director may be collected from the applicant or from other sources such as the sponsor of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector. The applicant, therefore, consents to the collection and use of this personal information for the purpose of determining the suitability for licensing or the continuation of this licence.

The applicant further understands and consents to disclosing 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 suitability for licensing or the continuance of this licence.

X

Signature of Designated Individual

X

Print name of Designated Individual



Part I: 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 the Designated Individual 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.

X

Signature of Designated Individual

X

Date signed

Part J: Sponsor Recommendation

To be completed by the licensed insurer sponsoring the Restricted Insurance Agent.

Please Print

Applicant's Name _____

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

We are licensed to undertake the class of insurance the applicant has applied for and have entered into an agency contract with the applicant and recommend that the applicant be granted a Restricted Insurance Agent licence.

It is understood that if the licensee named herein is terminated by us, written notice, including the reasons for termination will be given to the Life Insurance Council of Saskatchewan within five days of termination.

Print Name of Sponsor

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

THE ABOVE APPLICANT WILL NOT ACT AS AN AGENT UNTIL THE LICENCE IS ISSUED



Attachments to the application form

Details if any questions answered yes in Part C

A copy of the Saskatchewan Certificate of Registration for the corporation, partnership, business name or trade style, if applicable

A copy of errors and omissions certificate, unless exempted

Payment of licence fee

Payment information (Please choose a payment option below)

Cheque or money order enclosed for full amount

Make cheque or money order payable to the **Insurance Councils of Saskatchewan**.

or

A NSF charge of \$25 will apply for returned cheques.

Charge credit card for the full amount

VISA MasterCard

_____ - - -
Card Number

Expiry Date

Signature _____

Print name of applicant _____

November 28, 2010

Licensing Department
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