



General Insurance Council of Saskatchewan

Adjuster Designated Representative Application and Transfer of Recommendation

This application applies to the applicant who is applying for an Adjuster Designated Representative Licence.

If you have any questions about this application, contact the General Insurance Council of Saskatchewan (Council) or visit our web site.

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

Security Clearance

Criminal record checks must accompany all initial Saskatchewan applications for licensing. This applies to first time applicants, individuals who have not held a licence for more than one year or individuals who have to re-qualify for licensing.

- Have the local police or RCMP detachment conduct a criminal record check based on a name search and date of birth. **You must apply to the police service that serves the area in which you reside.**
- If a possible record is indicated, you will be required to have this verified with a fingerprint check.
- The completed Security Clearance Report must be attached to the application form. The report may not be dated in excess of six months from the current date.
- A criminal record check is not required for a transfer of recommendation request.
- Any costs associated with the record check are the responsibility of the applicant.

Reason for Criminal Record Check
Employment – Adjusting

Licence Issuer:
General Insurance Council of Saskatchewan
310, 2631 – 28th Avenue
Regina SK S4S 6X3

Application Fee

The application fee for obtaining a licence is \$100 and transfer of recommendation is \$25 (please note the licensing fee is subject to change). Please refer to the last page of this application form to locate the payment options available.

Submitting Applications

All licence applications must be reviewed and signed by the recommending licensed insurer, prior to forwarding to Council for consideration at:

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

Tel: 306.347.0862
Fax: 306.347.0525

www.skCouncil.sk.ca



General Insurance Council of Saskatchewan

Adjuster Designated Representative

- Application - \$100
 Transfer of Recommendation - \$25

For office use only	Received Date
Licence Number	
Date Issued	
Date Processed	

Part A: Identification Information			<input type="checkbox"/> Male
			<input type="checkbox"/> Female
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	_____		Date of Birth <i>month day year</i>
Legal Last Name	Legal First Name (in full)	Legal Middle Name(s)	
Preferred First Name	Maiden Name		
Previous Surname(s):			
1. Are you a permanent resident or citizen of Canada? <i>If you have answered yes, do not complete question 2.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a citizen of another country that holds a valid work permit or Immigrant Visa in Canada? If yes, please attach a copy.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered no to either question, please provide an explanation on a separate sheet of paper and attach it to this application form.			
Place of residence			
Number and Street, Apt., Box #			
City/Town	Province/State	Postal/Zip Code	
() -	() -	() -	
Personal Telephone	Personal Fax	Personal Cell	
Personal E-mail			



Name of adjusting firm and business address where you will be employed. This is the address mail will be sent to.
(complete only if different than place of residence)

Business name (if applicable)

Number, Street, Suite # and/or Box #

City/Town Province/State Postal/Zip Code

() - ext () -

Business Telephone

Business Fax

Business E-mail

Part B: Other Recognized Designations and/or Education Obtained

Highest level of education obtained

High School Diploma GED Other

Please identify all insurance designations you currently hold. Attach a copy of the certificates of completion or diplomas to this application.

Part C: Examination and/or Experience Information

An application for licence will not be accepted unless the applicant has passed the qualifying examination(s) and provides supporting documentation of successful completion.

I have satisfied the following requirements: (Place a check mark in the boxes that apply to this application)

- I have successfully passed the General Insurance Council Bylaw Examination; and
- I have successfully passed the GICS Adjuster Qualifying Examination; or
- I have successfully completed the ILSCorp Level 1 Adjuster Licensing Program; or
- I have successfully completed Insurance Institute of Canada (IIC) Examinations; or
- Other licensing exams I have completed _____
- I have experience as a property and casualty insurance agent for no less than two years within the past five years (*provide a detailed resume identifying - employer's name, detailed job description and start/end date for each position held*); or
- I have experience as a general claims adjuster in an insurance company, general agent or adjusting company for no less than one year within the past three years (*provide a detailed resume identifying - employer's name, detailed job description and start/end date for each position held*).

Note 1: Individuals must apply for a licence within one year from the date of successful completion of the examination(s).

Note 2: An individual applying for a licence, who has not held an active licence in any jurisdiction in Canada during the past two consecutive years, will be considered a new applicant.



Part D: Background

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

Please read these questions carefully to ensure all responses are accurate. Inaccurate answers may be considered a material misstatement.

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

<p>1. Have you ever held an insurance or adjuster licence in Saskatchewan, or anywhere in Canada or in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p><i>If yes, please provide information about licence year, licence class and jurisdiction.</i></p>	<p>5. Have you ever been the subject of receivership and/or bankruptcy proceedings, including consumer proposals?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p><i>If yes, please provide an explanation of the circumstances and a complete copy of the documents involved.</i></p> <p><i>This question applies to you personally AND any company in which you are/were a principal shareholder, officer or director or designated representative.</i></p>
<p>2. Has any licence or registration held by you as an insurance agent, adjuster or for selling any other financial products, ever been suspended or revoked, for cause, anywhere in Canada or in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p><i>This question applies to you personally AND any company in which you are/were a principal shareholder, officer or director or designated representative.</i></p>	<p>6. Have you ever been the subject of any complaints, investigations, sanctions or disciplinary actions, including but not limited to, a letter of warning, caution, fine, etc., against you by any financial services regulator, federal regulator (e.g., FINTRAC, CRA, CRTC, Privacy Commissioner, etc.) insurer or any other financial services company with which you hold/held a contract, in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p><i>This question applies to you personally AND any company in which you are/were a principal shareholder, officer or director or designated representative.</i></p>
<p>3. Have you ever been refused an insurance or adjusting licence or registration for selling financial products or adjusting claims in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p><i>This question applies to you personally AND any company in which you are/were a principal shareholder, officer or director or designated representative.</i></p>	<p>7. Have you ever been investigated, charged or convicted of any criminal or quasi-criminal offence, in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p><i>This question applies to you personally AND any company in which you are/were a principal shareholder, officer or director or designated representative.</i></p>
<p>4. Do you currently or plan to engage in any business or occupation other than the insurance or adjusting business?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p>Please provide the name of the business, occupation details, supervisory responsibilities and date of employment.</p> <p><i>This would include any business that requires a licence or registration or is corporately registered.</i></p>	<p>8. Have you ever been the subject of any type of legal action, including but not limited to, class action lawsuits or civil actions respecting the business of insurance including adjusting, or any other financial service, in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p> <p><i>This question applies to you personally AND any company in which you are/were a principal shareholder, officer or director or designated representative.</i></p>



Part E: Non-Resident Applicants

1. Saskatchewan address for service as required by subsection 10-1(3) of *The Insurance Regulations*.

SK

Street Address (Box #'s will not be accepted) City/Town Province Postal Code

2. a) A non-resident applicant whose home jurisdiction has a web based licensee search is not required to provide a Certificate of Authority/Non-Resident Endorsement. Council will verify the licence status online.
b) A non-resident applicant whose home jurisdiction does not have a web based license search, is required to provide a Certificate of Authority/Non-Resident Endorsement with this application.

3. What date did you obtain your Adjuster Licence in your resident jurisdiction? _____
month day year

4. I am required to comply with continuing education requirements in my resident jurisdiction? Yes No

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

By applying for an adjuster licence, I, the applicant, understand personal information will need to be collected from me and from other sources such as the recommender 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 suitability for licensing.

I, the applicant, further understand and consent to the disclosure of personal information to the recommender of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector, for the purpose of determining suitability for licensing.

X _____
Signature of applicant

X _____
Date Signed

X _____
Print name of applicant



Part G: Declaration

The making of a false statement on this application constitutes a material misstatement 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 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.

X

Signature of applicant

X

Date Signed

Part H: Recommender Declaration

To be completed by the same licensed insurer that is recommending the adjusting firm.

Applicant Name _____

Please Print _____ is hereby recommended to act as a designated representative for the adjusting firm named herein.

Legal Name of
Adjusting Firm
Please Print _____

The recommender 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, and that the applicant has completed this application.

IT IS UNDERSTOOD THAT IF THE APPLICANT NAMED HEREIN IS TERMINATED, WRITTEN NOTICE, INCLUDING THE REASONS FOR TERMINATION, WILL BE GIVEN TO THE GENERAL INSURANCE COUNCIL OF SASKATCHEWAN, IMMEDIATELY.

Print Legal Name of Recommender _____

Authorized Officer/Delegate Signature _____

Date Signed _____

()
Telephone

-

()
Fax

-

E-mail Address

THE ABOVE APPLICANT WILL NOT ACT AS A DESIGNATED REPRESENTATIVE UNTIL THE LICENCE IS ISSUED

NOTE: The same licensed insurer must recommend the Adjusting Firm and Adjuster Designated Representative applications.



Attachments to the application form

- Part A – copy of your work permit or Immigrant Visa, and details, if applicable
- Part B, C, D – copies of all necessary documentation
- Part E – Non-Resident Endorsement, if applicable
- Provide Security Clearance Report
- Payment of licence fee

Payment information (Please choose a payment option below)

<input type="checkbox"/> Cheque or money order enclosed for full amount	Make cheque or money order payable to the: Insurance Councils of Saskatchewan. An NSF charge of \$25 will apply for returned cheques.
<input type="checkbox"/> Charge credit card for the full amount	<div style="text-align: right;"> - - - _____ Card Number / _____ Expiry Date (MM/YY) </div> <div style="text-align: right;"> _____ Signature </div> <div style="text-align: right;"> _____ Print name of applicant </div>
<input type="checkbox"/> VISA	
<input type="checkbox"/> MasterCard	

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

Tel: 306.347.0862
 Fax: 306.347.0525
 www.skcouncil.sk.ca



The Insurance Act

“adjuster” means, subject to subsection (4), a person who, for compensation, through any medium does one or more of the following:

- (a) directly or indirectly solicits the right to negotiate or investigate the settlement of a loss or claim under a contract of insurance on behalf of an insured or insurer;
- (b) negotiates or investigates the settlement of a loss or claim under a contract of insurance on behalf of an insured or insurer;
- (c) holds himself or herself out as an adjuster with respect to the settlement of any loss or claim mentioned in clause (a) or (b);
- (d) assists a person with making a claim under an insurance policy or a contract of insurance.