



# LLQP Online Examination Application

Individuals writing the LLQP Exams must be certified by their LLQP Course Provider prior to submitting an exam registration.

Council corresponds with individuals via email. Ensure your writing is legible and information is accurate to avoid delays in scheduling exams.

Exam marks will be sent by email only.

**Name of applicant** \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

**Preferred Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
ADDRESS CITY/TOWN POSTAL CODE

**Resident Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_

Failure to accurately disclose the following information may nullify your exam results: **Yes** **No**

1. Are you a permanent resident or citizen of Canada?  **Yes**  **No**
  2. Are you a resident of Saskatchewan?  **Yes**  **No**
  3. Have you within the past twelve months attempted any licence exam(s) in any other province?  **Yes**  **No**
- If you have answered yes, provide full details on a separate sheet of paper.
4. Are you currently licensed or have you ever held a licence in any other province or state?  **Yes**  **No**

**Life including Accident & Sickness** (CIPR No. \_\_\_\_\_)

- \_\_\_ LLQP – Accident & Sickness Insurance
- \_\_\_ LLQP – Ethics & Professional Practice (Common Law Provinces)
- \_\_\_ LLQP – Life Insurance
- \_\_\_ LLQP – Segregated Funds and Annuities

**Accident & Sickness** (CIPR No. \_\_\_\_\_)

- \_\_\_ LLQP – Accident & Sickness Insurance
- \_\_\_ LLQP – Ethics & Professional Practice (Common Law Provinces)

**LLQP Online Exams will be coordinated by the Insurance Council of Saskatchewan through Durham College. The cost per exam module is \$66.**



**Understanding**

I understand that I must present valid photo identification upon arrival at the exam centre as evidence that I am the person registered to write the exam(s). I understand that I will not be allowed to write the exam(s) without such identification. There is no exception to this requirement.

I understand the information contained in this document is intended for the purposes of writing an exam(s) in order to be eligible to apply for licence as an insurance agent or an adjuster. The information collected is subject to the Privacy Guidelines of the Insurance Council of Saskatchewan.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

Please send the completed Licensing Examination Application Form with the appropriate fee to:

Exam Coordinator  
Insurance Council of Saskatchewan  
310, 2631 – 28<sup>th</sup> Avenue  
Regina SK S4S 6X3

Bus 306.347.0862  
Fax 306.347.0525  
[cari.banda@skcouncil.sk.ca](mailto:cari.banda@skcouncil.sk.ca)

Office Use Only	Date Confirmed
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June 19, 2020