



General Insurance Council of Saskatchewan

Restricted Travel Designated Representative

Application and Transfer of Recommendation

This application applies to the applicant who is applying for a Restricted Travel 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 – Sell Travel Insurance

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 \$50 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

Restricted Travel Designated
Representative

- Application - \$50
 Transfer of Recommendation - \$25

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

Part A: Identification Information

- Male
 Female

- Mr. Mrs. Miss Ms.

_____ **Date of Birth**
month day year

Legal Last Name	Legal First Name (in full)	Legal Middle Name(s)
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Preferred First Name	Maiden Name
Previous Surname(s):	

1. Are you a permanent resident or citizen of Canada?
If you answered yes, do not complete question 2. Yes 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. Yes 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 #		
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City/Town	Province/State	Postal/Zip Code
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Personal Telephone	Personal Fax	Personal Cell
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Personal E-mail



Name of agency 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
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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 certificate or diploma 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 completed the General Insurance Council Bylaw Examination; and

I have successfully completed the Saskatchewan Travel Insurance Qualifying Course and Examination; or

I have successfully completed the Life Licence Qualification Program (LLQP) Accident & Sickness Course and Examinations.

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 adjuster 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 Restricted Travel Agent 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 insurance 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 agency.

Applicant Name _____

Please Print

is hereby recommended to act as a designated representative for the agency named herein.

Legal Name of Agency _____

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 Signature _____

Print Name of Signee _____

Date Signed _____

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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 Restricted Travel Agency and Restricted Travel 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)

- 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.
- Charge credit card for the full amount
- VISA
- MasterCard
- - -
-
- Card Number
- /
-
- Expiry Date (MM/YY)
-
- Signature
-
- Print name of applicant

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

Tel: 306.347.0862
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The Insurance Act

“insurance agent” means, subject to subsection (2), any person who for any compensation and through any medium does one or more of the following:

- (a) acts or aids in any manner in soliciting, negotiating, effecting or procuring the making of any contract of insurance or reinsurance or the continuance or renewal of a contract of insurance or reinsurance on behalf of an insurer, potential insured or insured, whether or not the person has agreements with insurers allowing the person to bind coverage and countersign insurance documents on behalf of insurers;
- (b) holds himself, herself or itself out as an insurance agent, broker or consultant;
- (c) provides consulting, advisory or administrative services with respect to the insurance or contracts of insurance that are described in section 1-14 or 1-15;
- (d) provides advice to a person with respect to a specific insurance policy, plan or program;
- (e) evaluates or manages insurance risks on behalf of an insured;
- (f) provides administration services to an insurer with respect to a policy or a contract of insurance, including processing applications and claims and accepting payments;
- (g) transmits for another person an application for or a policy of insurance to or from an insurer;
- (h) retains as compensation any portion of a premium received by the person;
- (i) enrolls individuals in prescribed contracts of insurance;
- (j) engages in any other prescribed activity.