



General Insurance Council of Saskatchewan

Third Party Administrator (TPA) Application and Transfer of Recommendation

“Third party administrator” means a business that, for compensation, carries out activities to administer a contract of insurance on behalf of an insurer, other than solely clerical activities, but does not include a business that is licensed as an insurance agent or managing general agent.”

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.

Errors & Omissions Insurance (E&O) pursuant to clause 5-10(1)(d) of *The Insurance Regulations*.

Every business that applies for or holds a third party administrator's licence shall maintain and provide annually:

- Proof of a valid policy of errors and omissions insurance that:
 - provides a minimum of \$1,000,000 coverage with respect to any one occurrence and a minimum aggregate limit of \$2,000,000 with respect to all occurrences within a year;
 - covers the insurance activities of the licensee; and
 - is underwritten by an insurance company licensed to do business in Canada.

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.

If you are using a corporation, partnership, or name other than your personal name, (on business cards, letterhead or any advertising) that corporation, partnership or business name must be licensed with Council.

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

Corporate Registry
Information Services Corporation (ISC)
1301, 1st Avenue
Regina SK S4R 8H2

Tel: 866.275.4721
E-Mail: corporateregistry@isc.ca

www.skcouncil.sk.ca



General Insurance Council of Saskatchewan

Third Party Administrator

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

For ICS use only	Received Date
Licence No.	
Date of Issue	
Date Processed	

Part A: Identification Information

Provide legal TPA name in which the TPA will carry on business and in which the licence is to be issued.

List all business trade names that will be used.

Is the TPA: (Please check the box that 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*.

Give full particulars below of the individual owners, principal shareholders, officers or directors.

FULL NAME/POSITION HELD WITHIN FIRM

RESIDENT CITY

DATE OF BIRTH

FULL NAME/POSITION HELD WITHIN FIRM	RESIDENT CITY	DATE OF BIRTH



Head Office Location Address		
Number, Street, Suite # and/or Box #		
City/Town	Province/State	Postal/Zip Code
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Business Telephone	Business Fax	
Business E-mail		
Address mail will be sent to (complete only if different than location address)		
Number, Street, Suite # and/or Box #		
City/Town	Province/State	Postal/Zip Code
Give full particulars below of the individual who will, pursuant to section 5-20 of <i>The Insurance Act (Act)</i> and section 5-6 of <i>The Insurance Regulations (regulations)</i>, be the Designated Representative to receive notices and other documents.		
Name of Designated Representative		
Business Address	Province/State	Postal/Zip Code
		() -
Business E-mail	Telephone	



Part B: Background

The following are questions relevant to the 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. Has the TPA or any principal shareholder, officer or director, or designated representative of the TPA ever held an insurance or adjusting 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. Has the TPA or any principal shareholder, officer or director, or designated representative of the TPA 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>2. Has the TPA or any principal shareholder, officer or director, or designated representative of the TPA ever had any licence or registration as an insurance agent, adjuster or for selling any other financial products, suspended or revoked for cause, in Canada or anywhere in the world?</p> <p><input type="checkbox"/> Nothing to Disclose <input type="checkbox"/> Disclosure attached</p>	<p>6. Has the TPA or any principal shareholder, officer or director, or designated representative of the TPA ever been the subject of any complaint, investigation, sanction or disciplinary action, including but not limited to a letter of warning/caution/fine, etc., by any financial services regulator, federal regulator (e.g., FINTRAC, CRA, CRTC, Privacy Commissioner, etc.) insurer or any 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>3. Has the TPA or any principal shareholder, officer or director, or designated representative of the TPA ever been refused an insurance or adjusting licence, or other 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>7. Has the TPA or any principal shareholder, officer or director, or designated representative of the TPA 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>4. Does the TPA or any principal shareholder, officer or director, or designated representative of the TPA 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. Has the TPA or any principal shareholder, officer or director, or designated representative of the TPA 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>



Part C: Individuals Representing the TPA

“Third party administrator” means a business that, for compensation, carries out activities to administer a contract of insurance on behalf of an insurer, other than solely clerical activities, but does not include a business that is licensed as an insurance agent or managing general agent.”

List the individuals that will be representing the TPA in Saskatchewan.

Note: All individuals who fall within the definition of a TPA as defined by the Act must be listed. A Designated Representative Application must accompany this form. **Attach a separate sheet of paper, if necessary.**

Last Name

First Name, Middle Name

City/Province

Last Name	First Name, Middle Name	City/Province

Part D: Disclosure of Insurer(s) Represented

Please disclose all insurer(s) that the TPA has a contract with that authorizes the TPA to administer the insurance products of the insurer.

The contract(s) between the TPA and insurer(s) must be attached for review and acceptance.

Full Legal Name of Insurer(s)

Address

Contact Info

Full Legal Name of Insurer(s)	Address	Contact Info



Part E: Non-Resident Applicants

1. Saskatchewan address for service as required by subsection 10-1(3) of the regulations.

SK

Street Address (Box #'s not accepted)	City/Town	Province	Postal Code
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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 licence search is required to provide an original Certificate of Authority/Non-Resident Endorsement with this application.

Part F: Errors & Omissions Insurance (E&O)

Yes No

I have attached a copy of the E&O Certificate in the name of the TPA as required by subsection 5-10(1)(d) of the regulations.

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

By applying for a TPA licence, I, the applicant, understand personal information about any principal shareholder, officer or director, or designated representative may be collected from the applicant or from other sources such as the recommender of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies 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 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 Designated Representative OR
Authorized Official of Designated Representative

X _____
Date Signed

X _____
Print name of Designated Representative OR
Authorized Official of Designated Representative

Part H: 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 Designated Representative or Authorized Official of the Designated Representative 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 Representative OR
Authorized Official of Designated Representative

X _____
Date Signed



Part I: Recommender Declaration

To be completed by the licensed insurer recommending the TPA.

Applicant Name _____

Please Print is hereby recommended to act as a TPA of the undersigned recommender.

The recommender is licensed to undertake the class of insurance the applicant has applied for and have entered into a TPA contract with the applicant and recommend that the applicant be granted a TPA licence.

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 TPA's Designated Representative or Authorized Official of the Designated Representative have completed this application.

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 GENERAL INSURANCE COUNCIL OF SASKATCHEWAN, IMMEDIATELY.

Print Legal Name of Recommender

Authorized Officer/Delegate

Signature

Date Signed

Print Name

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Telephone

Fax

E-mail Address

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

NOTE: A Designated Representative Application must accompany this application form. The same insurer must recommend the TPA and designated representative of the TPA.



Attachments to the application form

- Part A - copy of the Saskatchewan Certificate of Registration for the corporation, partnership, business name or trade name
- Part B – copies of all necessary documentation
- Part F - copy of the E&O Certificate
- 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	- - - _____
<input type="checkbox"/>	VISA	Card Number
<input type="checkbox"/>	MasterCard	/

		Expiry Date (MM/YY)

		Signature

		Print name of applicant

Licensing Department
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