

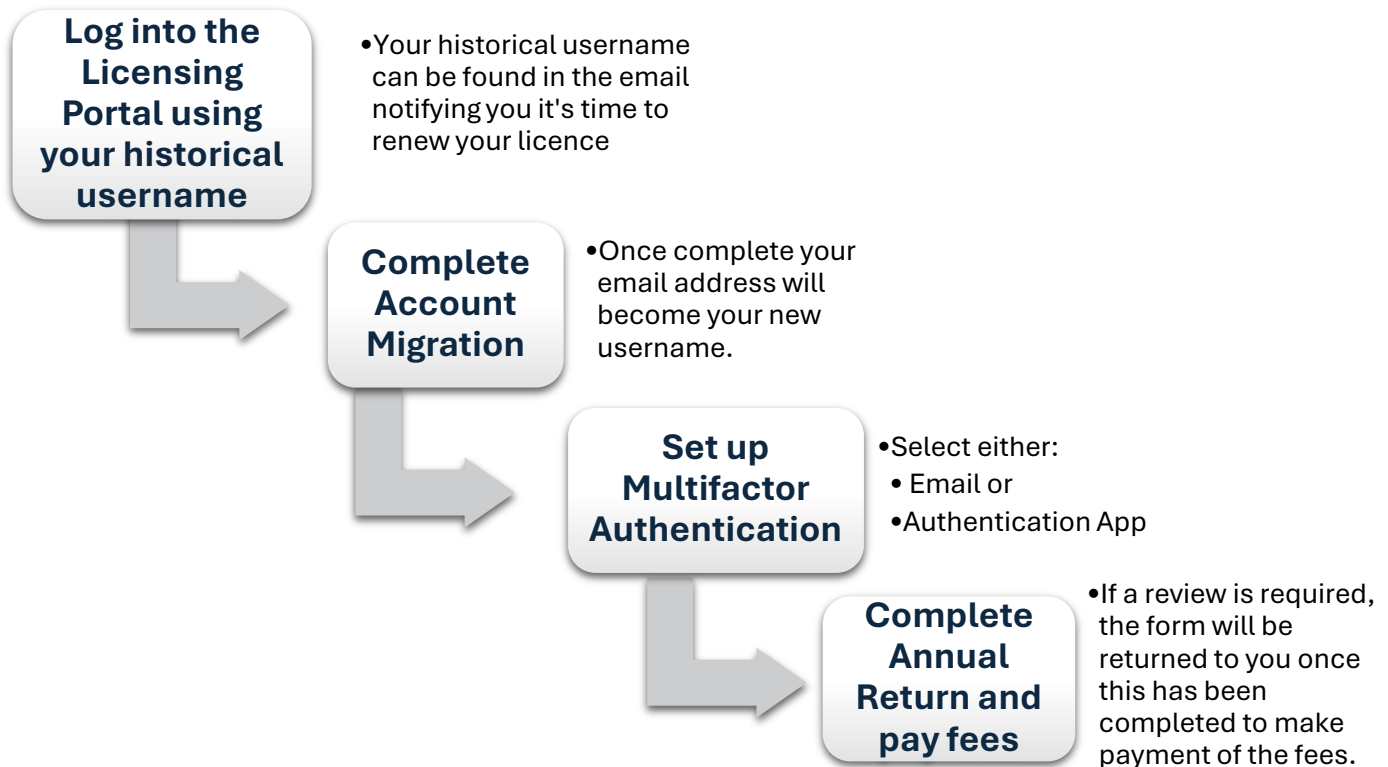
ANNUAL RETURN

CROP HAIL AGENCY



INSURANCE COUNCILS
OF SASKATCHEWAN

Are you ready to begin?



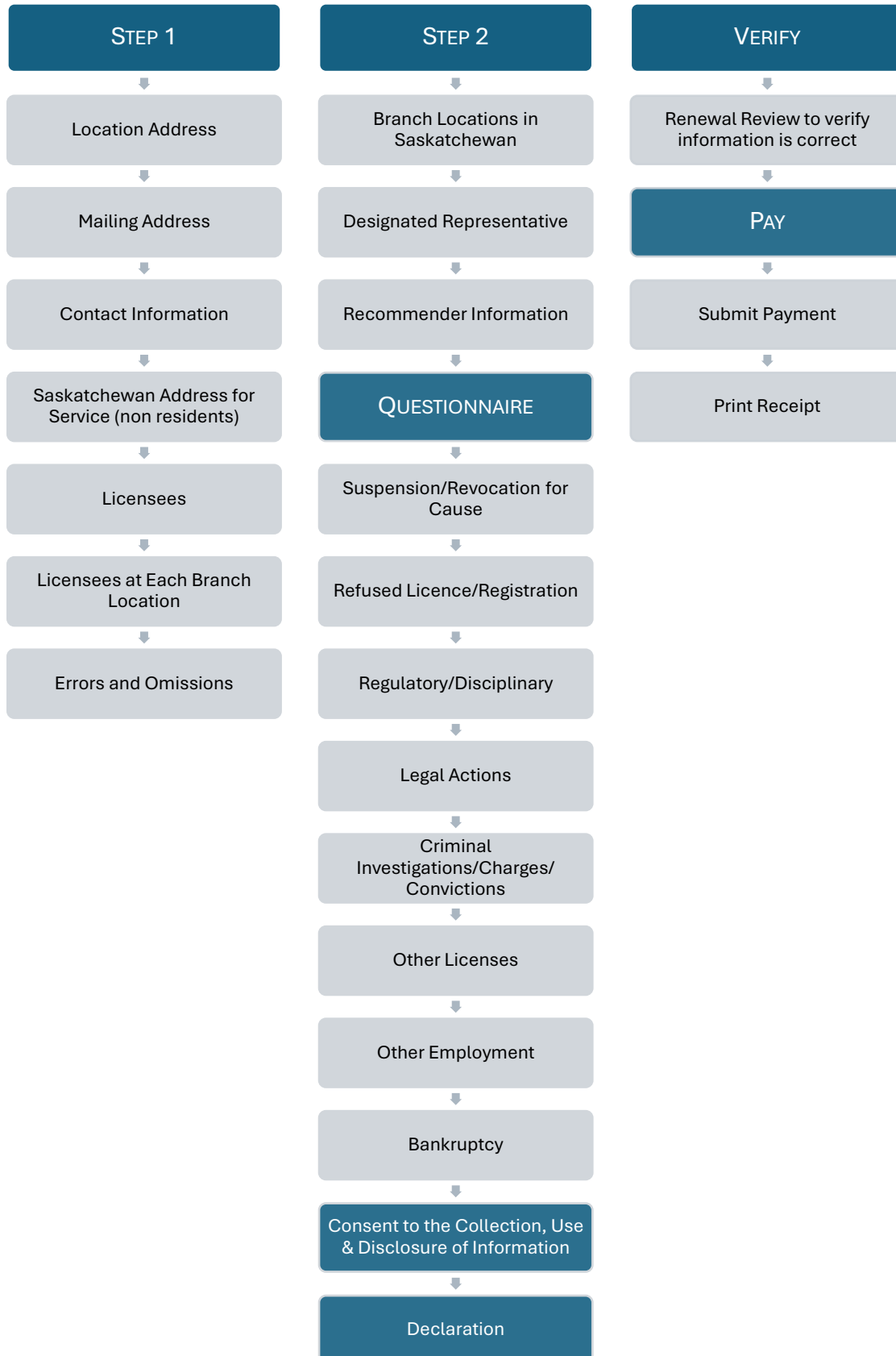
Log into the ICS Licensing Portal: <https://licensingportal.skouncil.sk.ca/Identity/Account/Login>

Please refer to the ICS website for instructions to complete the account migration as well as a tutorial video.

If you are still experiencing issues with logging into the ICS licensing portal please send an email to: info@skouncil.sk.ca

Please ensure you have a copy of your valid E&O policy ready if you have not already submitted a copy to the ICS office previously.

Overview of the Annual Return:



Welcome Screen



Licensing Portal

Welcome Manage Information Licensing-

crophailagency@test.ca [Logout](#)

Welcome Crop Hail Agency

Actions and Information

Apply For a New Licence

[Start Your Application](#)

Apply For a Transfer of Recommender

[Start Your Transfer](#)

Licence Renewal

| LICENCE TYPE | NUMBER | RENEWAL DATE | |
|--------------|--------|---|---------------------------------|
| Crop Hail | 05498 | 2024-06-01 ▲ | START RENEWAL ▶ |

[View History →](#)

New Licences

| LICENCE TYPE | LICENCE # | STATUS | STARTED DATE | COMPLETED DATE |
|--------------|-----------|--------|--------------|----------------|
|--------------|-----------|--------|--------------|----------------|

[View All Applications →](#)

Pending Recommendation

| APPLICANT | LICENCE TYPE | LICENCE # | STATUS | STARTED DATE | COMPLETED DATE |
|-----------|--------------|-----------|--------|--------------|----------------|
|-----------|--------------|-----------|--------|--------------|----------------|

[View All Licensee Applications →](#)

Pending Renewal Payments

| LICENSEE | LICENCE NUMBER | LICENCE TYPE | ANNUAL REPORTING DATE ▲ |
|----------|----------------|--------------|-------------------------|
|----------|----------------|--------------|-------------------------|

[View All Pending Renewal Payments →](#)

News & Updates

General News

Applications are reviewed in the order they are received by the Council. If your application requires amendments, it will be returned to you for changes. If your application remains inactive for 60 days, it will be canceled. You will receive email notifications if your application is returned for revisions, if payment is required, if changes are needed, and when it has been processed.

General News

- For the best experience, please use **Google Chrome, Firefox, or Microsoft Edge** when accessing the licensing portal.
- **Save your progress** before navigating away from a page or exiting the application to avoid losing your work.
- The licensing portal is not monitored on Saturdays, Sundays, or statutory holidays. To avoid late filing fees, please ensure your Annual Reporting Form is submitted on time.

Application Status Definitions

- **Pending Recommender Review** – Your application is with your recommender for review. Once approved, it will automatically be forwarded to the Council for review.
- **Pending ICS Review** – Your application is in the ICS portal and will be reviewed as soon as possible.
- **Pending Payment** – Payment has not yet been completed. Even if you have entered payment details, it remains a pre-authorization until the Council issues your license.
- **Pending Resubmission** – Your application was returned for amendments. You must complete the required changes before resubmitting. Once resubmitted, it will go back to your recommender for approval before returning to the Council for review.
- **Rejected** – Your application has been rejected by your recommender or was incomplete. You are required to start a new application.




Crop Hail News

An agency can view the individual licensee listing located under the Licence Screen. An agency has the ability to advise Council Online when an individual is no longer with the agency or provide notice to Council when a new individual is joining the agency. Notice of withdrawal of sponsorship must be provided to Council within five days of cessation.

Instructions for using this service

- *You are solely responsible for the use and proper protection of your password and you must take precautions to prevent unauthorized use. If you believe your password has been breached, you may change it online.*

Click the Start Renewal Button beside the licence to be renewed:

| Licence Renewal | | |
|-----------------|--------|--|
| LICENCE TYPE | NUMBER | RENEWAL DATE |
| Crop Hail | 05498 | 2024-06-01  |

[START RENEWAL ▶](#)

Step 1:

 INSURANCE COUNCILS OF SASKATCHEWAN Licensing Portal

Welcome Manage Information Licensing+

crophailagency@test.ca Logout

STEP 1

STEP 2

VERIFY

PAY

CANCEL SAVE

PROCEED TO NEXT

Crop Hail – Licence Number: 05498 Annual Reporting Form Crop Hail Agency

DATES

Annual Reporting Date is 01-Jun-2024
Cancellation date of the licence if not renewed is 02-Jul-2024

FEES

Licence Fee Before 01-Jun-2024 is \$100.00
Licence Fee After 01-Jun-2024 is \$150.00

Agency Information:

Agency Information

| | |
|--|--|
| Location Address ⓘ | Mailing Address ⓘ Same as Location Address |
| Address <input type="text" value="2631 28th Avenue"/> | Address <input type="text" value="2631 28th Avenue"/> |
| City <input type="text" value="Regina"/> | City <input type="text" value="Regina"/> |
| Province <input type="text" value="Saskatchewan"/> | Province <input type="text" value="Saskatchewan"/> |
| Postal Code <input type="text" value="S4S 6X3"/> | Postal Code <input type="text" value="S4S 6X3"/> |

Contact information:

Contact Information

| <input type="checkbox"/> | TYPE | NUMBER | EXTENSION |
|--------------------------|----------------|----------------|-----------|
| <input type="checkbox"/> | Business Phone | (306) 123-4567 | |

Delete Selected **Add Phone Number**

Saskatchewan Address for Service: (for non-residents)

All non-resident Licensee must provide a physical Saskatchewan address for service. P.O. boxes and grid numbers are not accepted.

Saskatchewan Address for Service Information ?

Business Name

Address

City

Province

Postal Code

I confirm that I am licensed in my resident jurisdiction.

I confirm that I am licensed in my resident jurisdiction.

Please Add Details:

Licenses:

Licenses ⓘ

Active Licenses

| LICENSEE NAME | LICENCE NUMBER | LICENCE TYPE, LEVEL | ANNUAL REPORTING DATE | CONTINUING EDUCATION DATE | ETHICS DATE | |
|----------------|----------------|---------------------|-----------------------|---------------------------|-------------|-------------------------|
| Myers, Michael | 052482 | Crop Hail | 01-Jun-2024 | N/A | N/A | Suspend |

Suspended Licenses

| LICENSEE NAME | LICENCE NUMBER | REASON LEFT EMPLOYMENT | LEFT FOR CAUSE | DATE LEFT | RECOMMENDER |
|---------------|----------------|------------------------|----------------|-----------|-------------|
|---------------|----------------|------------------------|----------------|-----------|-------------|

Licenses at Each Branch Location:

Licenses At Each Branch Location ⓘ

| AGENCY NAME | ADDRESS | CITY | PROVINCE | POSTAL CODE | BUSINESS NUMBER | FAX NUMBER | |
|------------------|------------------|--------|--------------|-------------|-----------------|------------|--------------------------|
| Crop Hail Agency | 2631 28th Avenue | Regina | Saskatchewan | S4S 6X3 | (306) 123-4567 | | Licenses |

Errors and Omissions:

Errors & Omissions Information ⓘ

The applicant confirms they have obtained and maintained a valid policy of Errors & Omissions "E&O" Insurance as required by the Insurance Council Bylaws of Saskatchewan and *The Insurance Regulations*.

Council records show your E&O will expire on **01-Apr-2026**. Please provide a copy of the new E&O policy to info@skcouncil.sk.ca when received.

| INSURER NAME | POLICY NUMBER | CERTIFICATE # | EFFECTIVE DATE | EXPIRY DATE | LIMIT | AGGREGATE |
|--------------|---------------|---------------|----------------|-------------|-------|-----------|
|--------------|---------------|---------------|----------------|-------------|-------|-----------|

Need to add an attachment? (PDF, Word or CSV only)

[Select File](#)

SAVE

CANCEL

PROCEED TO NEXT

310, 2631 – 28th Avenue
Regina SK Canada S4S 6X3
Phone (306) 347-0862
Fax (306) 347-0525
E-mail info@skcouncil.sk.ca

Step 2:

 INSURANCE COUNCILS OF SASKATCHEWAN Licensing Portal

Welcome Manage Information Licensing-

crophailagency@test.ca Logout



CANCEL SAVE

PROCEED TO NEXT

Crop Hail – Licence Number: 05498 Annual Reporting Form Crop Hail Agency

| | |
|--|--|
| DATES Annual Reporting Date is 01-Jun-2024 Cancellation date of the licence if not renewed is 02-Jul-2024 | FEES Licence Fee Before 01-Jun-2024 is \$100.00 Licence Fee After 01-Jun-2024 is \$150.00 |
|--|--|

Branch Locations in Saskatchewan:

Branch Locations in Saskatchewan ?

| <input type="checkbox"/> | AGENCY NAME | ADDRESS | CITY | PROVINCE | POSTAL CODE | BUSINESS NUMBER | FAX NUMBER |
|--|-------------|---------|------|----------|-------------|-----------------|------------|
| Delete Selected Add Branch | | | | | | | |

Designated Representative:

Designated Representative Information ?

Designated Representative **Michael Myers**

Is this the correct representative?

Yes No

Recommender Information:

Recommender Information

Recommender: **Co-operative Hail Insurance Company Limited**

Is this the correct Recommender?

Questionnaire:






If you answer **Yes** to any of the questions in the Questionnaire you will be required to provide further details related to the entry. You will not be able to proceed without providing everything that is required including supporting documentation.

Questionnaire

Suspension/Revocation for Cause

Suspension/Revocation for Cause

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

| SUSPENSION DATE | SHAREHOLDER/OFFICER | PROVINCE | ORGANIZATION | DATE REPORTED |
|--|----------------------|--|--|--|
| <input type="text"/>  | <input type="text"/> | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| <p>Details</p> <p>Details about the Suspension/Revocation for Cause</p> <p></p> | | | | |

Please attach a copy of the documentation to support disclosure.
Need to add an attachment? (PDF, Word, JPG, MSG or CSV only)

Refused Licence/Registration

Refused Licence/Registration ⓘ

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Yes **No**

| REFUSED LICENCE DATE | SHAREHOLDER/OFFICE | PROVINCE | ORGANIZATION | DATE REPORTED |
|--|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Details | | | | |
| Details about the Refused Licence/Registration | | | | |
| Cancel New Refused Licence/Registration | | | | |

Add Refusal

Please attach a copy of the documentation to support disclosure.
Need to add an attachment? (PDF, Word, JPG, MSG or CSV only)

Select File

Regulatory/Disciplinary

Regulatory/Disciplinary ⓘ

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Yes **No**

| REGULATORY/DISCIPLINARY DATE | SHAREHOLDER/OFFICE | PROVINCE | ORGANIZATION | DATE REPORTED |
|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Details | | | | |
| Details about the Regulatory/Disciplinary | | | | |
| Cancel New Regulatory/Disciplinary | | | | |

Add Regulatory/Disciplinary

Please attach a copy of the documentation to support disclosure.
Need to add an attachment? (PDF, Word, JPG, MSG or CSV only)

Select File

Legal Actions

Legal Actions ⓘ

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Yes **No**

| LEGAL ACTION DATE | SHAREHOLDER/OFFICER | PROVINCE | ORGANIZATION | LEGAL ACTION | DATE REPORTED |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Details Plaintiff/Claimants Name Provide specific details regarding this legal action | | | | | |
| Cancel New Legal Action | | | | | |
| Add Legal Action | | | | | |

Please attach a copy of the documentation to support disclosure.
Need to add an attachment? (PDF, Word, JPG, MSG or CSV only)

Select File

Criminal Investigations/Charges/Convictions

Criminal Investigations/Charges/Convictions ⓘ

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency been investigated, charged or convicted of any criminal or quasi-criminal offence, in Canada or anywhere in the world?

Yes **No**

| DATE OF OFFENCE | SHAREHOLDER/OFFICER | OFFENCE | STATUS | DATE REPORTED |
|--|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Details Details about the Criminal Investigations/Charges/Conviction | | | | |
| Cancel New Criminal Investigations/Charges/Conviction | | | | |
| Add Conviction | | | | |

Please attach a copy of the documentation to support disclosure.
Need to add an attachment? (PDF, Word, JPG, MSG or CSV only)

Select File

Other Licenses

Other Licenses ⓘ

Does this agency or principal shareholder, officer or director, or designated representative of the agency hold an insurance or adjusting licence anywhere else other than Saskatchewan?

Yes **No**

| | | | | | |
|--------------------------------------|---|-----------------------------------|---|--|--|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Manitoba | <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Newfoundland and Labrador | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Nunavut | <input type="checkbox"/> Ontario | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> Quebec | <input type="checkbox"/> Yukon |
| <input type="checkbox"/> Other | | | | | |

Other Employment

Other Employment ⓘ

Is this agency or any principal shareholder, officer or director, or designated representative of the agency engaged in any business or occupation other than insurance or adjusting?

Yes **No**

| EMPLOYMENT DATE | SHAREHOLDER/OFFICER | NAME OF EMPLOYER/BUSINESS | OCCUPATION | SUPERVISOR | DATE REPORTED |
|--|----------------------|---------------------------|----------------------|------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | No | <input type="text"/> |
| Job Description Details about the Other Employment <input type="text"/> | | | | | |
| Cancel Other Employment | | | | | |
| Add Other Employment | | | | | |

Please attach a copy of the documentation to support disclosure.
Need to add an attachment? (PDF, Word, JPG, MSG or CSV only)

Bankruptcy(s)

Bankruptcy(s) ⓘ

Within the past seven years, has the agency or any principal shareholder, officer or director or designated representative of the agency been the subject of receivership and/or bankruptcy proceedings including consumer proposals?

Yes **No**

| BANKRUPTCY DATE | SHAREHOLDER/OFFICER | DISCHARGE TYPE | DISCHARGE DATE | DATE REPORTED |
|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <p>Details</p> <p>Details about the Bankruptcy</p> <p>Cancel New Bankruptcy</p> <p>Add Bankruptcy</p> <p>Please attach a copy of the documentation to support disclosure. Need to add an attachment? (PDF, Word, JPG, MSG or CSV only)</p> <p>Select File</p> | | | | |

Consent to the Collection, Use & Disclosure of Information

Click the circle and confirm “I Consent” then type in your name to identify the name of the individual who completed the form. The date will automatically populate.

Consent to the Collection, Use & Disclosure of Information

I Consent

By applying for an insurance licence or the continuation of this insurance licence, I understand personal information or personal information about any principal shareholder, officer or director 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 the suitability for licensing or the continuation of this licence.

I further understand and consent to disclosing personal information to the Recommender of this licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector, in order to determine the suitability for licensing or the continuance of this licence.

Identify the name of the individual that completed this form:

 As of:

Declaration

Click the circle and confirm “I Declare” then type in your name to identify the name of the individual who completed the form. The date will automatically populate.

Declaration

I Declare

I understand the making of a false statement on this form constitutes a material mis-statement and may result in the subsequent suspension or cancellation of any licence issued.

I solemnly declare that all statements and answers in the foregoing form 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.

Identify the name of the individual that completed this form:

 As of:

Save

CANCEL

PROCEED TO NEXT

Licenses

Active Licensees

| Licensee Name | Licence Number | Licence Type, Level | Annual Reporting Date | Continuing Education Date | Ethics Date |
|----------------|----------------|--|-----------------------|---------------------------|-------------|
| Myers, Michael | 052482 | Crop Hail Designated Representative - Licence Number: 052482 | 01-Jun-2024 | N/A | N/A |

Suspended Licensees

| Licensee Name | Licence Number | Reason left Employment | Left for Cause | Date left | Recommender |
|---------------|----------------|------------------------|----------------|-----------|-------------|
|---------------|----------------|------------------------|----------------|-----------|-------------|

Pending Licensees

| Licensee Name | Start Date | Recommender |
|---------------|------------|-------------|
|---------------|------------|-------------|

Branch Locations in Saskatchewan

There are no branches in Saskatchewan.

Designated Representative

Confirmed **Michael Myers** as Designated Representative(s).

Recommender

I confirmed **Co-operative Hail Insurance Company Limited** as the Recommender.

Questionnaire Answers

Suspension/Revocation for Cause

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Yes

| Suspension Date | Shareholder/Officer | Province | Organization | Date Reported |
|-----------------|--|--------------|------------------------------------|---------------|
| 01-Jan-2025 | | Saskatchewan | Insurance Councils of Saskatchewan | 01-Apr-2025 |
| Details | Details are required tp be provided regarding the Suspension/Revocation for Cause and a document must be selected and uploaded. | | | |

A file was attached by the licensee.

Refused Licence/Registration

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Yes

| Refused Licence Date | Shareholder/Officer | Province | Organization | Date Reported |
|----------------------|---|--------------|------------------------------------|---------------|
| 01-Jan-2025 | | Saskatchewan | Insurance Councils of Saskatchewan | 01-Apr-2025 |
| Details | Details are required tp be provided regarding the Refused Licence/Registration and a document must be selected and uploaded. | | | |

A file was attached by the licensee.

Regulatory/Disciplinary

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Yes

| Regulatory/Disciplinary Date | Shareholder/Officer | Province | Organization | Date Reported |
|------------------------------|--|--------------|------------------------------------|---------------|
| 01-Jan-2025 | | Saskatchewan | Insurance Councils of Saskatchewan | 01-Apr-2025 |
| Details | Details are required tp be provided regarding the Regulatory/Disciplinary and a document must be selected and uploaded. | | | |

A file was attached by the licensee.

Legal Actions

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Yes

| Legal Action Date | Shareholder/Officer | Province | Organization | Legal Action | Date Reported |
|-------------------|--|--------------|------------------------------------|--------------|---------------|
| 01-Jan-2025 | | Saskatchewan | Insurance Councils of Saskatchewan | None | 01-Apr-2025 |
| Details | Details are required to be provided regarding the Legal Actions and a document must be selected and uploaded. | | | | |

A file was attached by the licensee.

Criminal Investigations/Charges/Convictions

Within the past ten years, has the agency or any principal shareholder, officer or director, or designated representative of the agency been investigated, charged or convicted of any criminal or quasi-criminal offence, in Canada or anywhere in the world?

Yes

| Date of Offence | Shareholder/Officer | Conviction Type | Conviction Status | Date Reported |
|-----------------|--|-----------------|-------------------|---------------|
| 01-Jan-2025 | | Disturbance | Completed | 01-Apr-2025 |
| Details | Details are required to be provided regarding the Criminal Investigations/Charges/Convictions and a document must be selected and uploaded. | | | |

A file was attached by the licensee.

Other Licenses

Does this agency or principal shareholder, officer or director, or designated representative of the agency hold an insurance or adjusting licence anywhere else other than Saskatchewan?

Yes

Alberta

Other Employment

Is this agency or any principal shareholder, officer or director, or designated representative of the agency engaged in any business or occupation other than insurance or adjusting?

Yes

| Other Employment Date | Shareholder/Officer | Employer | Occupation Type | Supervisor | Date Reported |
|-----------------------|---|----------|-----------------|------------|---------------|
| 01-Jan-2025 | | ABC | Accountant | No | 01-Apr-2025 |
| Details | Details are required to be provided regarding the Other Employment and a document must be selected and uploaded. | | | | |

A file was attached by the licensee.

Bankruptcy

Within the past seven years, has the agency or any principal shareholder, officer or director or designated representative of the agency been the subject of receivership and/or bankruptcy proceedings including consumer proposals?

Yes

| Bankruptcy Date | Shareholder/Officer | Discharge Type | Discharge Date | Date Reported |
|-----------------|--|-------------------|----------------|---------------|
| 01-Jan-2025 | | Consumer Proposal | 01-Feb-2025 | 01-Apr-2025 |
| Details | Details are required to be provided regarding the Bankruptcy(s) and a document must be selected and uploaded. | | | |

A file was attached by the licensee.

E&O Affirmation

The applicant confirms they have obtained and maintained a valid policy of Errors & Omissions "E&O" Insurance as required by the Insurance Council Bylaws of Saskatchewan and *The Insurance Regulations*.

Yes

| INSURER NAME | POLICY NUMBER | CERTIFICATE # | EFFECTIVE DATE | EXPIRY DATE | CEASED DATE | LIMIT | AGGREGATE |
|--------------|---------------|---------------|----------------|-------------|-------------|-------|-----------|
|--------------|---------------|---------------|----------------|-------------|-------------|-------|-----------|

Consent and Declaration

Crop Hail Agency consented to the collection, use, and disclosure of information on **01-Apr-2025**.

Crop Hail Agency declared that all statements and answers were true and correct on **01-Apr-2025**.

[Back](#) [Process](#)

[Cancel](#) [Print](#)

Sections that Need to be Reviewed:

If you have answered “Yes” to any of the Questions in the Questionnaire section, ICS will review the new disclosure before you can make the fee payment and renew your licence. ICS may reach out for further information, and once reviewed you will receive notice to return to the online portal and pay the fees.



Crop Hail - Licence Number: 05498 Annual Reporting Form Intervention Required Crop Hail Agency

Based on the renewal form content, it has been assessed that your renewal will need to be reviewed by ICS staff. A staff member may contact you during the review process.

Sections That Need Review

Questionnaire Suspensions

Questionnaire Refused Licences

Questionnaire Regulatory/Disciplinary

Questionnaire Legal Actions

Questionnaire Convictions

Questionnaire Other Employment

Questionnaire Bankruptcy

[Return To Welcome](#)

PAY:

 INSURANCE COUNCILS OF SASKATCHEWAN Licensing Portal

Welcome Manage Information Licensing-

buck@test.ca Logout



[EXIT](#)

| | | | | | | | |
|--|---|---------------|-----------|-----------------|-------|------------------------|-------------|
| LICENSEE INFORMATION Crop Hail Agency 2631 28th Avenue Regina SK S4S 6X3 | LICENCE DETAILS <table border="1"><tr><td>Licence Type:</td><td>Crop Hail</td></tr><tr><td>Licence Number:</td><td>05498</td></tr><tr><td>Annual Reporting Date:</td><td>01 Jun 2024</td></tr></table> | Licence Type: | Crop Hail | Licence Number: | 05498 | Annual Reporting Date: | 01 Jun 2024 |
| Licence Type: | Crop Hail | | | | | | |
| Licence Number: | 05498 | | | | | | |
| Annual Reporting Date: | 01 Jun 2024 | | | | | | |

Payment options:

Pre-Authorization of Credit Card

Select who will be paying the licensing fee.

Applicant **Recommender**

Pre-Authorization of Credit Card

Select who will be paying the licensing fee.

Applicant **Recommender**

Pre-Authorized Amount

| | |
|-----------------|----------|
| Licence Renewal | \$100.00 |
| Late Filing Fee | \$50.00 |

Total Cost: \$150.00

[EXIT](#)

[SUBMIT PAYMENT](#)

Confirmation that the Transaction is Approved:



Licensing Portal

[Welcome](#) [Manage Information](#) [Licensing-](#)

[crophailagency@test.ca](#)

[Logout](#)

Transaction Approved

[Download Licence Receipt and Credit Card Receipt](#)

[Print](#)

Contact Information

Crop Hail Agency
2631 28th Avenue
Regina SK S4S 6X3

Licence Receipt

Licensee Name: Crop Hail Agency
Licence Number: 05498
Licence Type: Crop Hail
Annual Reporting Date: 01-Jun-2024

| | |
|-----------------|----------|
| Licence Renewal | \$100.00 |
| Late Filing Fee | \$50.00 |

**** Official Receipt keep for income tax purposes.**

Credit Card Receipt

| | |
|---------------------|--------------|
| Transaction Number: | TEST |
| Date: | 03-Apr-2025 |
| Order ID: | 131119 |
| Auth Code: | TEST |
| Response Code: | 027 |
| ISO Code: | 01 |
| Response Message: | TEST |
| Reference Number: | TEST |
| Total (Amt) | \$150 |

[Return to Welcome](#)

310, 2631 – 28th Avenue
Regina SK Canada S4S 6X3
Phone (306) 347-0862
Fax (306) 347-0525
E-mail info@skcouncil.sk.ca