



General Insurance Council of Saskatchewan

Crop Hail Agent

Application and Transfer of Recommendation

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 Crop Hail
Insurance

Licence Issuer:

General Insurance Council of Saskatchewan
310, 2631 - 28th Avenue
Regina SK S4S 6X3

Application Fees

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 your recommending agency or 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

Crop Hail Agent

- 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)	

- Are you a permanent resident or citizen of Canada?
If you answered yes, do not complete question 2. Yes No
- 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 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 or diplomas to this application.

Part C: Hail Agent Examination Information

An application for licence will not be accepted unless the applicant has passed the qualifying examination.

I have satisfied the following requirement:

I have successfully completed the Hail Agent Qualification Examination.

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

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* (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

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|--|--|
| <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, CRTIC, 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 Crop Hail Licence in your resident jurisdiction? _____

month day year

Part F: Errors & Omissions Insurance

(This section only to be completed where the insurance agent is being recommended by a licensed insurer)

Yes No

I have attached a copy of the E&O Certificate in the name of the applicant pursuant to clause 5-10(1)(c) of the regulations.

Part G: 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 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 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 I to be completed where the insurance agent is representing an agency.

Part J to be completed where the insurance agent is recommended by a licensed insurer.

Part I: Recommender Declaration		
To be completed by the Designated Representative that is recommending you.		
Applicant Name Please Print	_____ is hereby recommended to act as an insurance agent for the Property & Casualty Agency named herein.	
Legal Name of Agency Please Print	_____	
The Designated Representative of the Property & Casualty Agency 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 my 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 BY US, WRITTEN NOTICE, INCLUDING THE REASONS FOR TERMINATION, WILL BE GIVEN TO THE GENERAL INSURANCE COUNCIL OF SASKATCHEWAN, IMMEDIATELY.		
Print Legal Name of Designated Representative OR Authorized Official of Designated Representative		
Designated Representative OR Authorized Official of Designated Representative Signature	Date Signed	
() - () -		
Telephone	Fax	E-mail Address

THE ABOVE APPLICANT WILL NOT ACT AS AN AGENT UNTIL THE LICENCE IS ISSUED



Part J: Recommender Declaration

To be completed by the licensed insurer that is recommending you.

Applicant Name

Please Print

_____ is hereby recommended to act as an insurance agent for the insurer named herein.

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 my 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 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 Official Signature

Print Name of Signee

Date Signed

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Telephone

Fax

E-mail Address

THE ABOVE APPLICANT WILL NOT ACT AS AN AGENT UNTIL THE LICENCE IS ISSUED



APPLICANT'S ACKNOWLEDGEMENT

Print applicant's name _____

A licence imposes on the licensee obligations including, but not limited to, the following:

- a) to adhere to the Act, regulations, and the General Insurance Council of Saskatchewan (GICS) Bylaws;
- b) to follow established standards of competence, conduct and practice in the business of insurance.

1. I acknowledge I have read the GICS Bylaws and the Hail Insurance Study Guide; and
2. I agree, prior to March 1, 2022, to successfully pass the appropriate entry exams as outlined in the GICS Bylaws in order to maintain my Crop Hail Agent Licence.

The Hail Insurance Study Material and Bylaw is available to on the Council website at <https://www.skCouncil.sk.ca/hailbyla.htm>

I understand a licence will not be granted in the absence of returning this signed acknowledgment to the Council office.

I further understand I am prohibited from acting as a Crop Hail Agent until the licence has been granted.

Signature of applicant

Date Signed



Attachments to the application form

Part A - a copy of your work permit or Immigrant Visa, and details, if applicable

Part B-D – details, 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
Fax: 306.347.0525

www.skcouncil.sk.ca



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.