



# General Insurance Council of Saskatchewan

## Crop Hail Agency 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.

**Please note:**

*This application applies to you if the applicant is applying for a Crop Hail Agency licence and will have agents transacting insurance on behalf of the agency.*

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

Every business that applies for or holds an insurance agent's licence for crop hail insurance shall maintain and provide annually:

- Proof of a valid policy of errors and omissions insurance that:
  - provides a minimum of \$250,000 coverage with respect to any one occurrence and a minimum aggregate limit of \$500,000 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 \$75 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 - 28<sup>th</sup> Avenue  
Regina SK S4S 6X3

Tel: 306.347.0862  
Fax: 306.347.0525  
[www.skCouncil.sk.ca](http://www.skCouncil.sk.ca)

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

Tel: 866.275.4721  
E-Mail: [corporateregistry@isc.ca](mailto:corporateregistry@isc.ca)



# General Insurance Council of Saskatchewan

Crop Hail Agency

- Application - \$75
- Transfer of Recommendation - \$25

<b>For office use only</b>	Received Date
Licence Number	
Date Issued	
Date Processed	

## Part A: Identification Information

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

List all business trade names that will be used.

Is the agency: (Please check the boxes that apply 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 WITH FIRM

RESIDENT CITY

DATE OF BIRTH



**Head Office Location Address**

Number, Street, Suite # and/or Box #

City/Town

Province/State

Postal/Zip Code

(       )       -       ext

(       )       -

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 *The Insurance Act* (Act) and section 5-6 of *The Insurance Regulations* (regulations), 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.**

1. Has the agency or any principal shareholder, officer or director, or designated representative of the agency ever held an insurance or adjusting licence in Saskatchewan, or anywhere in Canada or in the world?

Nothing to Disclose     Disclosure attached

*If yes, please provide information about licence year, licence class and jurisdiction.*

5. Has the agency or any principal shareholder, officer or director, or designated representative of the agency ever been the subject of receivership and/or bankruptcy proceedings including consumer proposals?

Nothing to Disclose     Disclosure attached

*If yes, please provide an explanation of the circumstances and a complete copy of the documents involved.*

2. Has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Nothing to Disclose     Disclosure attached

6. Has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Nothing to Disclose     Disclosure attached

3. Has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Nothing to Disclose     Disclosure attached

7. Has the agency or any principal shareholder, officer or director, or designated representative of the agency ever been investigated, charged or convicted of any criminal or quasi-criminal offence, in Canada or anywhere in the world?

Nothing to Disclose     Disclosure attached

4. Has the agency or any principal shareholder, officer or director, or designated representative of the agency currently or plan to engage in any business or occupation other than the insurance or adjusting business?

Nothing to Disclose     Disclosure attached

**Please provide the name of the business, occupation details, supervisory responsibilities and date of employment.**

*This would include any business that requires a licence or registration or is corporately registered.*

8. Has the agency or any principal shareholder, officer or director, or designated representative of the agency 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?

Nothing to Disclose     Disclosure attached



### Part C: Individuals Representing the Agency

List the individuals that will be representing and transacting insurance on behalf of the agency in Saskatchewan.

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

Last Name	First Name, Middle Name	City/Province

### Part D: Errors & Omissions

Yes  No I have attached a copy of the E&O Certificate in the name of the agency pursuant to clause 5-10(1)(c) of the regulations.

### 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) Non-resident applicants 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) Non-resident applicants whose home jurisdiction does not have a web based licence search, is required to provide a Certificate of Authority/Non-Resident Endorsement with this application.



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

By applying for an insurance licence, I, the applicant, understand personal information about any principal shareholder, officer or director, or designated representative 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 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 Designated Representative OR  
Authorized Official of Designated Representative

X

\_\_\_\_\_  
Date Signed

X

\_\_\_\_\_  
Print name of Designated Representative OR  
Authorized Official of Designated Representative

## 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 personally 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 H: Recommender Declaration

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

Applicant Name \_\_\_\_\_

*Please Print* \_\_\_\_\_ is hereby recommended to act as an agency of the undersigned recommender.

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 agency's Designated Representative or Authorized Official of the Designated Representative 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 Officer/Delegate \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

*Print Name*

(       )       -       (       )       -

Telephone

Fax

E-mail Address

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

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



**Attachments to the application form**

Part A – If you have answered yes, provide a copy of the Saskatchewan Certificate of Registration for the corporation, partnership, business name or trade name

Part B, D – copies of all necessary documentation

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

Card Number

/

MasterCard

Expiry Date (MM/YY)

Signature

Print name of applicant

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

Tel: 306.347.0862  
Fax: 306.347.0525

[www.skcouncil.sk.ca](http://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.