



# Life Insurance Council of Saskatchewan

## Life and A&S Third Party Administrator Designated Representative A&S Third Party Administrator Designated Representative

### 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 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. **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 request:**

Employment - Third Party  
Administrator Designated  
Representative Licence

**Licence Issuer:**

Life Insurance Council of Saskatchewan  
310, 2631 -28<sup>th</sup> Avenue  
Regina SK S4S 6X3

#### Application Fee

The application fee for obtaining a licence is \$100 and transfer of recommendation \$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

This application must be reviewed and signed by the licensed insurer recommending the Third Party Administrator (TPA) 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)



# Life Insurance Council of Saskatchewan

- Life Accident & Sickness TPA DR
- Accident & Sickness TPA DR
  - Application - \$100
  - Transfer of Recommendation - \$25

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

<b>Part A: Identification Information</b>		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		_____ <b>Date of Birth</b> <i>month day year</i>
Legal Last Name	Legal First Name (in full)	Legal Middle Name(s)
Preferred First Name		Maiden Name
Previous Surname(s)		
1. Are you a permanent resident or citizen of Canada? <i>If you answered yes, do not complete question 2.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> 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.		<input type="checkbox"/> Yes <input type="checkbox"/> 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.		
<b>Place of residence</b>		
Number and Street, Apt., Box #		
City/Town	Province/State	Postal/Zip Code
(   )   -	(   )   -	(   )   -
Personal Telephone	Personal Fax	Personal Cell
Personal E-mail		



<b>Name of TPA and business address where you will be employed. This is the address mail will be sent to</b> (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  -
Business Telephone  (       ) -       ext	Business Fax  (       ) -	
Business E-mail		

<b>Part B: Non-Resident Applicants</b>			
1. Saskatchewan address for service required by subsection 10-1(3) of <i>The Insurance Regulations</i> .			
			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. Identify your employment start date with this recommender _____ <div style="text-align: right; margin-right: 50px;"><i>month day year</i></div>			



## Part C: 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.**

<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 complaint, investigation, sanction or disciplinary action, 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 D: Consent to the Collection, Use and Disclosure of Information

By applying for a TPA Designated Representative 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 my 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.

<b>X</b> _____ Signature of applicant	<b>X</b> _____ Date Signed
<b>X</b> _____ Print name of applicant	

### Part E: 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 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.

<b>X</b> _____ Signature of applicant	<b>X</b> _____ Date Signed
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## Part E: Recommender Declaration

To be completed by the same licensed insurer that is recommending the TPA.

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

*Please Print*

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

Name of TPA \_\_\_\_\_

*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 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 LICENSEE NAMED HEREIN IS TERMINATED BY US WRITTEN NOTICE, INCLUDING THE REASONS FOR TERMINATION, WILL BE GIVEN TO THE LIFE INSURANCE COUNCIL OF SASKATCHEWAN, IMMEDIATELY.**

Print Legal Name of Recommender \_\_\_\_\_

Authorized Official Signature

Print Name of Signee

Date Signed

( ) -

( ) -

Telephone

Fax

E-mail Address

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

**NOTE: The same licensed insurer must recommend the Third Party Administrator and Third Party Designated Representative applications.**



### Attachments to the application form

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

Part B – 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  
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Regina SK S4S 6X3

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