



## INSURER LICENCE RENEWAL APPLICATION

Use this form to renew your insurer licence. You must visit the insurer licence renewal [web page](#) to complete your application package. Full instructions, forms and guidance documents are found on the web page.

For convenience, a brief checklist of required supporting documentation is provided below.

**Renewal deadline:** Submit your renewal application before **June 1** to ensure we can process your licence before it expires.

**Supporting documentation checklist** (More information is found on the [application website](#).)

Payment information form. See the [fee schedule](#) for insurance.





# INSURER LICENCE RENEWAL APPLICATION

Complete all sections of this application form. Do not leave a section blank. If a section is not relevant, mark the section as "not applicable."

Company/business information				
Company name				
Head office physical address	City	Prov./terr.	Postal code	Country
Chief Agent for Canada information				
Chief Agent for Canada				
Email		Phone		
Mailing address	City	Prov./terr.	Postal code	Country
Physical address <i>(if different from mailing address)</i>	City	Prov./terr.	Postal code	Country
Chief Agent for Yukon information				
Chief Agent for Yukon				
Email		Phone		
Mailing address	City	Prov./terr.	Postal code	Country
<b>Post office address to which notice of process is to be forwarded by the superintendent pursuant to Section 16(2) of the <i>Insurance Act</i>:</b>				
Mailing address	City	Prov./terr.	Postal code	Country
Company contacts information				
<b>Licensing contact name</b>		Phone		
Email		Fax		
<b>Finance contact name</b>		Phone		
Email		Fax		

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the licence being requested. It will be used for the purposes of these acts and their regulations and to determine eligibility for licensure/registration. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at [insurance.plra@gov.yk.ca](mailto:insurance.plra@gov.yk.ca).

## Classes of insurance

The company is authorized by Certificate of Registry from \_\_\_\_\_ dated on YYYY/MM/DD  
to transact insurance business in Canada. JURISDICTION

List the approved classes of insurance:

What classes do you apply to be licensed and authorized to undertake in Yukon?

- |   |                                   |                                     |   |   |                                     |
|---|-----------------------------------|-------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Accident             | <input type="checkbox"/> Aircraft | <input type="checkbox"/> Automobile | <input type="checkbox"/> Boiler and machinery | <input type="checkbox"/> Credit           | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Employer's liability | <input type="checkbox"/> Fidelity | <input type="checkbox"/> Guarantee  | <input type="checkbox"/> Hail                 | <input type="checkbox"/> Legal expense    | <input type="checkbox"/> Liability  |
| <input type="checkbox"/> Life                 | <input type="checkbox"/> Marine   | <input type="checkbox"/> Mortgage   | <input type="checkbox"/> Property             | <input type="checkbox"/> Public liability | <input type="checkbox"/> Sickness   |
| <input type="checkbox"/> Surety               | <input type="checkbox"/> Title    |                                     |   |   |                                     |

## Incorporation

Jurisdiction

Date of incorporation

YYYY/MM/DD

Type (stock, fraternal, mutual, reciprocal, etc.)

Jurisdictions in Canada currently licensed in

AB  BC  MB  NB  NL  NS  NT  NU  ON  OSFI  PE  QC  SK

## Declarations

Has the company been refused an insurer's licence in another Canadian jurisdiction in the past year?  
If yes, explain:

- Yes  
 No

Is the company currently operating in any jurisdiction under a licence that is subject to a condition?  
If yes, explain:

- Yes  
 No

## Statutory declaration

I, \_\_\_\_\_ of the \_\_\_\_\_  
DULY AUTHORIZED OFFICER OF THE COMPANY COMPANY NAME

of \_\_\_\_\_ in \_\_\_\_\_ the duly appointed \_\_\_\_\_  
CITY PROVINCE/TERRITORY/STATE TITLE

for the aforesaid Company do solemnly declare that this application is made by me bone fide on behalf and by the authority of the said Company; that I have the means of verifying the correctness of this application; that the facts required to be stated are truly and fully stated; that no fact or document material to be disclosed has been concealed or withheld and I make this solemn declaration conscientiously believing it to be true, and knowing it is of the same force and effect as if made under Oath and by virtue of the *Canada Evidence Act*.

Declared before me at \_\_\_\_\_ in \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
CITY PROVINCE/TERRITORY/STATE DAY MONTH YEAR

Notary public – print

Applicant – print

Notary public – signature

Applicant – signature

My commission expires: YYYY/MM/DD

(Seal)