



INSURANCE SALESPERSON LICENCE RENEWAL APPLICATION

Use this form to renew your insurance salesperson licence. You must visit the insurance salesperson 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 **August 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 [fee schedule](#).)



INSURANCE SALESPERSON 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."

Check all that apply:

- All except life, accident and sickness
- Travel (travel agents only)

Select one:

- Non-resident
- Resident

Applicant information

Legal last name	Legal first name(s)	Legal middle name(s)		
Other names by which you may be known		Yukon licence number		
Email		Phone		
Mailing address	City	Prov./terr.	Postal code	Country
Physical address (if different from mailing address)	City	Prov./terr.	Postal code	Country
Currently licensed in the following Canadian jurisdictions (check all that apply):				
<input type="checkbox"/> AB <input type="checkbox"/> BC <input type="checkbox"/> MB <input type="checkbox"/> NB <input type="checkbox"/> NL <input type="checkbox"/> NS <input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> ON <input type="checkbox"/> PE <input type="checkbox"/> QC <input type="checkbox"/> SK				

Company/business information

Primary business name				
Business email		Business phone		
Business mailing address	City	Prov./terr.	Postal code	Country
Physical address (if different from mailing address)	City	Prov./terr.	Postal code	Country
Name of the sponsoring Yukon licensed insurance agent or broker				

Licensing contact (e.g. compliance officer, administrative assistant, corporate clerk, etc.)

Licensing contact name				
Licensing contact email		Licensing contact phone		
Licensing contact mailing address	City	Prov./terr.	Postal code	Country

The applicant authorizes the Superintendent to share and discuss details and decisions related to this application with the individual named. Despite this permission, it is the applicant's responsibility for the information in this application, for meeting licence deadlines and for understanding responsibilities under the Insurance Act and Regulations.

Signature of applicant: _____ Date: **YYYY/MM/DD**

I would like my licence to be sent to (select one):

- Home address
- Business address
- Licensing contact address

Declarations

If you answer 'yes' to any question below, additional information may be requested.

In the past year, have you been refused a licence or otherwise denied authorization to act as an insurance salesperson or agent, or has such licence or authorization been suspended or terminated for cause, in Canada or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, have you ever been charged by an employer or other person with irregularities in money transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, have you acquired a criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any plans to engage in business other than insurance? If yes, state the name and nature of such business, the position you occupy and the portion of your time you intend to devote to insurance? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have errors and omissions coverage? If yes, what is your coverage per claim? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that while employed as a salesperson my salary will not be supplemented by commission, bonus, or any other remuneration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Affidavit

In the matter of the Insurance Act of the Yukon Territory and in the matter of the forgoing application for an insurance salesperson's licence: I, the undersigned, make oath and say:

1. That the statements and answers to questions contained in the foregoing application are true and correct.
2. That this application is not made for the purpose of obtaining a licence to act as an insurance salesperson in respect of any particular individual risk or risks, or to obtain the insurance of my own property or the property of my employer or of property in which I am financially interested.
3. That this application is made in good faith upon my own behalf and not on behalf of any person who is not competent to receive a licence, and upon receipt of a licence pursuant hereto, I intend to hold myself out publicly and carry on business in good faith as an insurance salesperson.

Sworn before me at _____ in the _____ this ____ day of _____.

Notary Public – please print

Applicant – please print

Notary Public signature

Applicant signature

My Commission expires

(Seal)

Notice of appointment of insurance salesperson

To be filled out by the sponsoring agent or broker the applicant will represent.

Please note that _____ of _____
(Name of applicant) (Location)

is hereby authorized to act as a salesperson for _____,
(Agent/broker name)

and duly authorized to carry on business in the Yukon Territory.

The record of the applicant has been investigated and I hereby recommend that person as a person sufficiently trustworthy and competent to entitle that person to receive a licence to act as an insurance salesperson for ____ all classes other than life insurance or ____ travel.

All statements and answers contained in the foregoing application are true and correct to the best of my knowledge, information and belief.

I agree that this applicant shall be employed on a salary basis only, and shall not be paid any commission or bonus based on production.

If and when the employment of this salesperson is terminated, written notice thereof will be given to the Superintendent of Insurance, together with the reason, and the licence will be returned to the Superintendent of Insurance.

Name

Yukon Licence number

Signature

Date