



INSURANCE ADJUSTER LICENCE RENEWAL APPLICATION

Use this form to renew your insurance adjuster licence. You must visit the insurance adjuster 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](#).)

- Proof of licensing for “home” jurisdiction. (Required if you are licensed in another jurisdiction. Must be included in application package.)
- Payment information form. (See [fee schedule](#).)

INTENTIONALLY BLANK



INSURANCE ADJUSTER 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."

Select one: <input type="checkbox"/> Non-resident <input type="checkbox"/> 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

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 licensing contact named above. 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 adjuster, 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 been convicted in any civil court in any jurisdiction, for fraud?	<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
In the past year, have you engaged in any business as owner, partner or director, which has been subject to proceedings in bankruptcy, or subject of personal bankruptcy or consumer proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, have you failed to satisfy a judgement of a court for the award of money made against you?	<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

Affidavit

In the matter of *The Insurance Act*, I the undersigned, make oath and say that all the statements and answers in the foregoing application are true and correct to the best of my knowledge, information and belief.

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)