



INSURER'S RECOMMENDATION OF AGENT

This form is to be completed by a designated official of the insurer (insurance company) the applicant will represent. The insurer must hold a current insurer's licence in Yukon.

Name of Applicant: _____

I recommend that the applicant named above be granted a licence as an agent in Yukon to solicit the following classes of insurance on behalf of _____

NAME OF INSURANCE COMPANY (INSURER)

CLASSES OF INSURANCE

- Life Restricted Life General
 Accident and Sickness Travel

It is understood that if this recommendation or employment is terminated, written notice, together with the reasons thereof, will be given to the Superintendent of Insurance in Yukon.

Name

Official Capacity

Signature

Date (YYYY/MM/DD)

Personal information contained on this form is collected under the *Insurance Act* and will be used for the purpose of administering the *Act*. For further information, contact the Superintendent of Insurance at (867) 667-5111, toll free within Yukon 1-800-661-0408, ext. 5111.