



## INSURANCE SPECIAL BROKER LICENCE RENEWAL APPLICATION

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

If you are renewing a broker licence you will need to complete the [broker renewal application](#). If you hold a broker and special broker licence you will need to renew each one separately using the correct forms.

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](#).)

- Updated proof of surety not less than \$5000.
- Proof of licensing for your "home" jurisdiction. (Required if you are licensed in another jurisdiction. Must be included in application package.)
- Payment information form. (See [fee schedule](#).)

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# INSURANCE SPECIAL BROKER 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:

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 |

## 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 broker or insurance special broker, 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 in default in respect of premiums received under, or otherwise failed to carry out the terms of an agreement with any insurer or insured? If so, explain fully.   | <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 agree to keep separate and account for insurance fund only? In what bank will this account be kept?<br>_____<br>_____  | <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?<br>_____<br>_____                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have errors and omissions coverage? If yes, what is your coverage per claim?<br>_____<br>_____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Affidavit

In the matter of *The Insurance Act*, and in the matter of the foregoing application for an insurance special broker's licence I, the undersigned, make oath and say:

1. That this application is not made solely for the purpose of obtaining a licence in respect of any particular individual risk or risks, or to obtain commission or compensation for Insurance on my own property or the property of my employer or employees, or of property in which I am financially interested.
2. That this application is made in good faith on 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 carry on business in good faith as a Special Insurance Broker.
3. That the statements and answers to questions contained in the foregoing application are true, correct and complete.

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)