

CORPORATE INFORMATION

1.) Legal Name: _____

2.) Trade Name: _____

3.) Business Address: _____ Street _____
 City: _____ Province: _____ Postal Code: _____
 Bus. Telephone _____ Fax Number _____ Email: _____

4.) Applicants Designated Individual: _____ Last: _____ First: _____ Initial: _____

5.) Type of Organization:
 Corporation Where incorporated? _____ Corporate Access Number: _____
 Partnership Sole Proprietorship

6.) Type of Certificate applied for: **(Only One Class/Type per application)**

		Equipment Warranty	Credit Related	Personal Accident Type	Travel	Group Travel	Cargo
<input type="checkbox"/>	Auto Dealership	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No	No	No
<input type="checkbox"/>	Equipment Dealer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No	No	No
<input type="checkbox"/>	Travel Agency	No	No	No	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/>	Transportation Company	No	No	No	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes
<input type="checkbox"/>	Deposit Taking Institution	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/>	Sales Finance Company	No	<input type="checkbox"/> Yes	No	No	No	No
<input type="checkbox"/>	Freight Forwarder	No	No	No	No	No	<input type="checkbox"/> Yes
<input type="checkbox"/>	Customs Broker	No	No	No	No	No	<input type="checkbox"/> Yes

7.) Errors & Omissions Insurance (You must attach a copy of the policy or certificate issued by the insurer)

Name of Errors & Omissions Insurer: _____

Broker (optional): _____

Effective Date: _____ Expiry Date (if applicable): _____
Mmm,dd,yyyy Mmm,dd,yyyy

Policy Number: _____ Certificate Number (if applicable): _____

8.) Declaration: I certify that I am authorized to sign for this company and that the foregoing information is true and complete.

Designated Individual Signature Date

9.) FEE SCHEDULE Please indicate the number of employees # _____ and applicable fee. \$ _____ .00

1-4 Employees \$150.00	5-10 Employees \$225.00	11-15 Employees \$375.00	16-20 Employees \$500.00
21-99 Employees \$700.00	100-249 Employees \$1,500.00	250-499 Employees \$3,000.00	500 or more Employees \$5,500.00

10.) RECOMMENDATION OF INSURER. I recommend that the applicant be granted a certificate of authority to act as an insurance agent for (Name Insurer): _____ . It is understood that this recommendation will remain in effect until cancelled in writing and that the Alberta Insurance Council will be advised of the reasons for the termination.

Date Name (please print) Signature Official Capacity

FILE	DO NOT WRITE IN THIS SPACE	FEE APPLIED										
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											DATE APPROVED Month Day Year	\$ _____