

Place your CIPR # in the box below

Form 1

ALBERTA INSURANCE COUNCIL

CIPR #

Application For Agents Certificate of Authority

1.) NAME OF APPLICANT Last First Middle Male Female

2.) RESIDENCE ADDRESS Street or Avenue City Province or State Postal Code

3.) APPLICANT'S DATE OF BIRTH Month Day Year 4.) RESIDENCE TELEPHONE

5.) CORPORATE NAME OF BUSINESS (If Any)

6.) TRADE NAME OF BUSINESS (If Any)

7.) BUSINESS ADDRESS Suite, Floor or Box # Number Street or Avenue City Province or State Postal or Zip Code Business Telephone Business Fax

Email address

8.) CERTIFICATE APPLIED FOR (Only one certificate per application)

Accident and Sickness Insurance Level 1 Designated Representative

General Insurance Probationary Level 1 Level 2 Designated Representative

Life Insurance Full Life Designated Representative

General Insurance limited to: Hail Livestock Other

9.) EMPLOYMENT HISTORY FOR THE PREVIOUS FIVE YEARS (Include months, years and periods of unemployment)

EMPLOYER'S NAME	DATES		POSITION HELD
	FROM	TO	

10.) Do you have any other occupation or employment other than as an insurance agent? Yes No (If yes provide details)

I understand that I must at, the time of taking any other occupation or employment, report the other occupation or employment to the Alberta Insurance Council prior to commencing such activities and I undertake to do so.

11.) Are you currently the holder of any other certificate, license or registration to deal with the public? Yes No (If yes provide details)

DO NOT WRITE BELOW THIS LINE

FILE

Date Approved DD / MM / YY

Bv _____ Fee Applied \$.

- 12.) IN THE LAST TEN YEARS HAVE YOU: YES NO If the answer to any part of this question is yes, give complete details below. Use attachment if required.
- a) Been licensed as an insurance agent in Alberta or elsewhere?
(Non-Residents attach a certificate of status from home jurisdiction)
 - b) Been refused registration or licensing to deal with the public?
 - c) Had registration of licensing to deal with the public revoked?
 - d) Been convicted of an offence under the Insurance Act or any other enactment? (ALL NEW APPLICANTS MUST PROVIDE AN ORIGINAL COPY OF A SECURITY CLEARANCE WHICH IS LESS THAN THREE MONTHS OLD)
 - e) Had a court judgment for the award of money against you that has not been satisfied?
 - f) Been discharged for cause by an employer?
 - g) Been subject to proceedings in bankruptcy?

13.) Is this application intended to apply for: (You must check one of these choices yes)
 A new certificate of authority Yes No or, To transfer or reinstate certificate of authority? Yes No
 If the answer is yes please provide the license number off of the current certificate of authority.

14.) CONTINUING EDUCATION (Not applicable to first time applicants, Hail or Livestock applicants)

The regulations require each certificate holder to obtain 15 hours of continuing education that has been approved under the regulation. Have you obtained the required number of continuing education credits to apply for this certificate.
 Yes No

15.) DECLARATION

I certify that the foregoing information is true and I agree that by signing this application I accept the responsibility for these answers and undertakings. I further understand that a false declaration in this application could lead to the suspension or revocation of the certificate and/or the levy of a civil penalty under the provisions of the applicable regulations.

Date

 Signature of Applicant

16.) RECOMMENDATION (This recommendation must be made by an insurance company licensed under the Act and can only be signed by a person whose signing authority from the head office of the insurer is on record with the Alberta Insurance Council)

NAME OF INSURER:

The above noted insurer confirms that the qualifications and record of the applicant have been investigated and this recommendation is made pursuant to the requirements of sections 458 or 459 of the Act. We further confirm that we have established the screening procedures required by section 485 of the Act and have evaluated this applicant using those procedures. It is understood and agreed 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 in accordance with the requirements of sections 473, 474, 475 and 477 of the Act. Is this applicant a direct employee of the insurance company? (please check one) Yes No

Date

Name (Please Print)

 Signature

Official Capacity

I certify that the foregoing information is true and correct to the best of my knowledge and belief and that I/we accept the responsibilities attached to this recommendation.