

**CORPORATE INFORMATION**

File Number (Office use only):

1.) **Legal Name:**  
 2.) **Trade Name:**  
 3.) **Business Address:**  
     **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
     **Bus. Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
 4.) **Applicants Designated Individual:**  
 5.) **Type of Organization:** Partnership      Sole Proprietorship      Corporation  
     Where incorporated?      Corporate Access Number: \_\_\_\_\_

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

	Equipment Warranty	Credit Related	Personal Accident Type	Funeral Services	Travel	Group Travel	Cargo	Gap
Auto Dealership	Yes	Yes	No	No	No	No	No	Yes
Equipment Dealer	Yes	Yes	No	No	No	No	No	Yes
Funeral Services Business	No	No	No	Yes	No	No	No	No
Travel Agency	No	No	No	No	Yes	No	No	No
Transportation Company	No	No	No	No	Yes	No	Yes	No
Deposit Taking Institution	No	Yes	Yes	No	No	Yes	No	No
Sales Finance Company	No	Yes	No	No	No	No	No	No
Freight Forwarder	No	No	No	No	No	No	Yes	No
Customs Broker	No	No	No	No	No	No	Yes	No

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):

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 the applicable fee \$ \_\_\_\_\_ .00

Please review the fees from the web site (<http://www.abccouncil.ab.ca/fees/>) as fees vary depending on the certificate you are applying for.

**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