

Application for Insurance Adjuster Licence

| For Office Use Only | | | | |
|---------------------|--|--|--|--|
| Fees Paid | | | | |
| Receipt No. | | | | |
| Date of Receipt | | | | |
| Tracking No. | | | | |

| | Applicant Information (please print) | | | | | | | |
|---|--|---|---|--|--------------|---------------------------------------|--|--|
| L | Surname | Given Name Middle Initial(s) | | | | | | |
| | Date of Birth YYYY M M D D | Place of Birth | | | Social Insur | ance Number | | |
| | Applicant's Home Address (required) | | | | | | | |
| 1 | Street Address | | | | | | | |
| | Mailing Address | | | | | | | |
| | City/Town | | Province | | | Postal Code | | |
| | Telephone | Facsimile | | Email | | | | |
| | Applicant's Business Address (optiona Note: the applicant's annual filing will be m See annual filing section at the end | nailed to his/her home | | ess is provided. | | | | |
| | Business Name | | | | | | | |
| | Mailing Address | | | | | | | |
| | City/Town | | Province Pos | | | Postal Code | | |
| | Telephone | Facsimile Email | | | | | | |
| | Level of Licence Requested | ' | | | | | | |
| | Please indicate the level of licence you are applying for. Applicants must attach a transcript of marks and Certificate of Designation. Non-resident applicants who are required to be licensed in their home jurisdiction must attach proof of licensing. | | | | | | | |
| | Educational Requirements | | | | | | | |
| | | In order to qualify for a courses: | a Level I licence you must have su | ccessfully complete | ed one of th | e following | | |
| • C11 - Principles and Practices of Insurance • C-81 & C-82 - General Insurance Essentials Parts 1 and 2 • CAIB I | | | | | of Insurance | | | |
| | | or, If you are a non-resident, you must hold an Adjuster Licence in your home jurisdiction. | | | | | | |
| | Level II | In order to qualify for a Level II licence you must have held a Level I licence for at least two years or, if you are a non-resident, held a licence in your home jurisdiction for at least two years, and have successfully completed: | | | | | | |
| | | C12 - Insurance aC14 - Automobile | | • C17 - Claims 1 or C110 - Essentials of Loss Adjusting | | | | |
| | | In order to qualify for a Level III licence you must have held a Level II licence for at least one year and must have successfully completed: | | | | | | |
| | └─│ Level III | C33 - Insurance o C111 - Advanced | n Property - Part II or Loss Adjusting | C112 - PracticaC13 - Insurance | | Claims Management ability - Part I | | |
| | Level IV | C111 - Advanced Loss Adjusting C13 - Insurance Against Liability - Part I In order to qualify for a Level IV licence you must have held a Level III licence for at least one year and must have successfully completed the Level I to III courses and attained the following designation: Chartered Insurance Professional/Associate of the Insurance Institute of Canada | | | | | | |

Professional Liability and Fidelity Insurance Requirements

Attach certificate(s) of insurance, naming the applicant as the insured, for professional liability insurance (errors and omissions) for an amount of at least \$1 million and fidelity insurance (loss resulting from fraudulent acts) for an amount of at least \$100,000.

| | Other Information | | Page | | | | |
|------|--|--|---|--|--|--|--|
| 6 | Have you been convicted of a criminal offence within the Charges against you? If yes, give full particulars on a second control of the contro | | Yes No No | | | | |
| | Have you ever held an insurance, securities, real estate brokers licence in the province of Newfoundland and L | | If yes, when? | | | | |
| | Have you ever had an insurance, securities, real estate or mortgage brokers licence refused, suspended, Or revoked? If yes, give full particulars on a separate sheet. | | | | | | |
| (| Certification and Undertaking of Applicant | | | | | | |
| 7 | I, the undersigned applicant, certify that the inf and belief and hereby undertake to notify the F of any material change. Witness Name (Please print) | | true and complete to the best of my knowledge rvice NL in writing Date Y Y Y Y M M D D | | | | |
| | Undertaking of Sponsor - Sponsor must be an Adjuster: Level IV licensed | d in Newfoundland and Labrador | | | | | |
| | - An individual applying for an Adjuster: Level IV | | | | | | |
| | The Sponsor agrees: (a) to perform all responsibilities required of a (b) to ensure that the applicant, if applying for deemed to be a minimum of 21 hours or 3 (c) that the Applicant will not act as or represe (d) to give written notice to the Financial Servi following termination of a sponsored licens Signature | r a Level I licence, will be working full-time 3 days per week; ent or hold himself or herself out as an Adjices Regulation Division of Service NL withi | in the financial services industry which is uster until this application is approved; and in 2 working days | | | | |
| l | | | | | | | |
| 9 | Caution Filing of any false information or failure to disclose full information required by or on this application may result in its rejection or in disciplinary action taken against the applicant. | | | | | | |
| | Annual Filing Requirement | | | | | | |
| LO [| Once licensed, a licensee must file an Annual Filing and pay an annual fee to keep the licence in good standing. The applicant's first Annual Filing along with the filing fee will be due one year subsequent to the end of the month in which your licence became effective (e.g., for a licence with an effective date of January 15, 2009, the first Annual Filing is due by January 31, 2010, with subsequent filing due by January 31 each year thereafter). | | | | | | |
| L | Did You Remember to Attach: | | | | | | |
| .1 | Licensing fee (Cheques must be made payable to Newfoundland Exchequer Account) Proof of Licensing from your home jurisdiction (non-residents only) Certificate(s) of Professional Liability and Fidelity Insurance, naming the applicant as the insured | | | | | | |
| l. | Routing Information | | | | | | |
| 2 | Please return completed form by <u>mail</u> to Financial Services Regulation Division, Service NL, P. O. Box 8700, St. John's, NL Canada A1B 4J6 or by <u>courier</u> to Financial Services Regulation Division, Service NL, 2nd Floor West Block, Confederation Building, Prince Philip Parkway, St. John's, NL or for more information Telephone: (709) 729-2595 or Fax: (709) 729-3205 | | | | | | |

PRIVACY NOTICE