



**Department of Finance**  
**Office of the Superintendent of Insurance**  
**CORPORATE INSURANCE LICENCE**

*Please check the appropriate item:*

GOVERNING LEGISLATION	LICENCE	TYPE
INSURANCE ACT	INSURANCE AGENCY LICENCE	LIFE, ACCIDENT AND SICKNESS
	New                      Transfer (\$66.35)	ACCIDENT AND SICKNESS
	CORPORATE ADJUSTER LICENCE	GENERAL TRAVEL

**Make sure application has:**

- (1) All questions answered.
- (2) Supporting documents attached.
- (3) Required signatures.
- (4) \$398.10 licensing fee (Cheque made payable to "Minister of Finance")

**PART A – Agency Information**

- (1) Please indicate if:      Non-resident agency – attach current and original Certificate of Authority.
- (2) Name of Agent-in-Charge who is involved in the day to day activities and who holds a Nova Scotia insurance licence:  
*(must be a Level 4 Adjuster in the case of an application for a Corporate Adjuster Licence)*

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Surname	First Given Name	Initial
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Licence Number	Birth Date: Day/Month/Year
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- (3) Name of contact person for licence correspondence, if not the Agent-in-Charge or Level 4 Adjuster in Charge:

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Surname	First Given Name	Initial
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Position Held ( <i>Title</i> )	Birth Date: Day/Month/Year
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- (4) List the complete range of financial service products and identify their suppliers:

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(5) **ADDITIONAL INFORMATION REQUIRED – GENERAL INSURANCE AGENCIES ONLY:**

- Agency year-end date:
- Proof of Errors and Omission Insurance
- Proof of Fidelity Insurance
- Trust Account Reconciliation Worksheet (attached)

Provide name of financial institution in Nova Scotia in which you will maintain a Trust Account:

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(6) List all Corporation Officers or Partners:

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Birth Date (Day/Month/Year)</u>
<u>Residence Address</u>	<u>Position Held</u>	<u>Telephone</u>	<u>Active</u> * _____ YES _____ NO
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Birth Date (Day/Month/Year)</u>
<u>Residence Address</u>	<u>Position Held</u>	<u>Telephone</u>	<u>Active</u> * _____ YES _____ NO
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Birth Date (Day/Month/Year)</u>
<u>Residence Address</u>	<u>Position Held</u>	<u>Telephone</u>	<u>Active</u> * _____ YES _____ NO
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Birth Date (Day/Month/Year)</u>
<u>Residence Address</u>	<u>Position Held</u>	<u>Telephone</u>	<u>Active</u> * _____ YES _____ NO

*NOTE: Active\* means actively engaged in the sale of insurance products.*

(7) Provide employment history for Agent -in-Charge and each partner or officer during the past three years.

Name & Address of Employer	Nature of Employment	Period of Employment (give dates)	
		From:	To:

**PART B - Questionnaire**

Please respond to all questions in PART B for the Agent -in-Charge, each partner or each officer/director. If you answer YES, attach a written explanation and any documents as requested. If the Application is a transfer, only attach supporting documentation not previously submitted.

- (1) Have you ever had any licence or registration of any kind refused, suspended, revoked or subject to a disciplinary hearing?  YES  NO
- (2) Have you ever been convicted of an offence in any province, territory, state or country or are you currently the subject of any charges?  YES  NO
- (3) Have you ever been involved in a personal or corporate bankruptcy within six years of the date of this application?  
(If yes, attach statement of affairs and/or discharge)  YES  NO
- (4) Are there any unpaid judgements against you?  YES  NO
- (5) Will you be engaged or employed in any other business, occupation or profession?  YES  NO
- (6) Are you currently licenced/registered for the sale of any other financial products or services?  YES  NO
- (7) Are you a Director, Officer or Employee of a Bank, Loan Corporation, Finance, Real Estate or Trust Company?  YES  NO

**PART C**

List all employees, partners or officers of the agency selling insurance products in Nova Scotia:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PART D - Applicants Signature (Agent-in-Charge)**

I, the undersigned:

- (1) confirm the information presented is correct;
- (2) agree to abide by the Insurance Act & Regulations;
- (3) authorize Department of Finance to verify the information given with the appropriate sources.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

**PART E - Certificate of Sponsor (Insurance Agencies Only)**

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Agency Name

Is hereby sponsored to apply for a licence under the Nova Scotia Insurance Act to act as an agency of:

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Name of Insurer

**All statements and answers in this application are true to the best of my knowledge, and when, this sponsorship is terminated, written notice of withdrawal will be given to the Superintendent of Insurance providing date and reason for termination.**

Date \_\_\_\_\_

By \_\_\_\_\_

Authorized Signature

\_\_\_\_\_  
Title of Signing Official

\_\_\_\_\_  
Print Name

**TRUST ACCOUNT RECONCILIATION WORKSHEET**

Name of Agency: \_\_\_\_\_

Date: \_\_\_\_\_

**ASSETS:**

- 1. Cash on hand and bank balances of trust accounts \_\_\_\_\_
- 2. Total Premiums receivable \_\_\_\_\_
- 3. Less 1/3 of premiums over 90 days  
From insurers billing date \_\_\_\_\_
- 4. Allowable premiums receivable  
(Line 2 minus Line 3 = Line 4) \_\_\_\_\_
- 5. Investments held in trust as allowed by regulation \_\_\_\_\_
- 6. TOTAL ASSETS (Lines 1+4+5) \_\_\_\_\_

**LIABILITIES:**

- 7. Payables to insurance companies and other brokers \_\_\_\_\_
- 8. Deferred Premiums \* \_\_\_\_\_
- 9. Refunds due to insureds \_\_\_\_\_
- 10. TOTAL LIABILITIES (Lines 7+8+9) \_\_\_\_\_

**NET TRUST POSITION** (Line 6 minus line 10) \_\_\_\_\_

\* Deferred premiums are premiums paid towards a policy, by the insured for which the insurance agent or agency has not been billed by the insurer.

The information contained in the report is contained to the best of my knowledge and belief:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name/Title (please print)



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1. Visit the Nova Scotia Business Registry online at [www.nsbr.ca](http://www.nsbr.ca)
  2. In the non-subscribed services, click on the Enter button.
  3. Select the Financial Institutions - Office Of the Superintendent of Insurance - Insurance Agency Licence.

OR

**Mail To:** Service Nova Scotia & Municipal Relations  
Nova Scotia Business Registry  
PO Box 1529 Halifax, NS B3J 2Y4

**Drop Off:** Office of the Superintendent of Insurance  
1723 Hollis Street, 4th Floor Halifax, NS B3J 1V9

**For your protection, this page containing financial information will be shredded once processed**

**Payment Type:** Cheque Money Order Visa MasterCard American Express

\_\_\_\_\_  
(Credit Card Account Number)

\_\_\_\_\_  
(Card Holder's Name)

\_\_\_\_\_  
(Expiry Date mm/yy)

\_\_\_\_\_  
(Signature)

- This authorizes the Department of Service Nova Scotia & Municipal Relations to process all Licence Fees required by the above mentioned Applicant through the credit card indicated and understands that the credit card slip may not be signed by the Card Holder.
- Post dated cheques will not be accepted.
- All payments must be in Canadian funds and made payable to: **The Minister of Finance.**
- To obtain your new licence this application must be submitted with payment ; however the submission of an application with payment does not guarantee application approval or licence issuance.