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**Finance Department**  
*Office of the Superintendent of Insurance*

Our File #

<b>OFFICE USE ONLY</b>
Licence No.

**APPLICATION FOR RENEWAL OF LICENSE AS AN INSURER  
 PURSUANT TO THE INSURANCE ACT  
 R.S.N.S. 1989, Chapter 231**

1. Name of Company and Canadian Head Office Address \_\_\_\_\_ Type of Incorporation \_\_\_\_\_

\_\_\_\_\_ Stock \_\_\_\_\_

\_\_\_\_\_ Fraternal \_\_\_\_\_

\_\_\_\_\_ Reciprocal \_\_\_\_\_

\_\_\_\_\_ Mutual \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other \_\_\_\_\_

Licensing Contact Person: \_\_\_\_\_

Company's Email Address: \_\_\_\_\_

2. Classes of Insurance for Which a License is Requested

\_\_\_\_\_

\_\_\_\_\_

3. Jurisdictions in Canada where Applicant is Presently Licensed or Registered

\_\_\_\_\_

\_\_\_\_\_

4. Name of Attorney in fact (Reciprocals only) \_\_\_\_\_

5. Chief Agent for Canada \_\_\_\_\_

6. Chief Agent for Nova Scotia \_\_\_\_\_

7. Address of Branch Offices (if any) in Nova Scotia

\_\_\_\_\_

\_\_\_\_\_

Dated at \_\_\_\_\_ in the Province / State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
 Duly Authorized Officer of the Company

\_\_\_\_\_  
 Title or Position in Company

**Remittance of fees should accompany this application and be made payable to  
 THE MINISTER OF FINANCE  
 PROVINCE OF NOVA SCOTIA**

**FOR FEE SCHEDULE SEE REVERSE SIDE**

<b>Class of Insurance</b>	<b>Three Year License or Renewal Fee</b>
Accident & Sickness Insurance	\$2,898.75
Aircraft Insurance	\$1,159.50
Automobile Insurance	\$1,932.45
Boiler & Machinery Insurance	\$1,159.50
Credit Insurance	\$1,159.50
Fidelity Insurance	\$1,159.50
Hail Insurance	\$1,159.50
Legal Expense Insurance	\$1,159.50
Liability Insurance	\$1,932.45
Life Insurance	\$2,898.75
Marine Insurance	\$1,932.45
Mortgage Insurance	\$1,159.50
Property Insurance	\$1,932.45
Surety Insurance	\$1,095.90
Title Insurance	\$1,159.50
Credit Protection Insurance	\$1,159.50

**The maximum three year fee to be paid by any insurer or inter-insurance exchange is \$5,797.50**