

Insurance Council of Manitoba

Application for Insurance Adjuster's Licence

Suite 466 – 167 Lombard Avenue, Winnipeg, Manitoba R3B 0T6 Tel: (204) 988-6800 Fax: (204) 988-6801

Please Type or Print. Incomplete applications will be returned.

1.) Name of Applicant: _____
Last First Middle Initial (Mr.,Mrs.,Ms.,Miss)

2.) Residence Address: _____
Mailing Address (Street, Box, R.R., Site)

City Province Postal Code

3.) Date of Birth: _____ / _____ / _____
Day Month Year

4.) Residence Telephone: (____) _____

5.) Social Insurance Number: _____

6.) Cell Phone Number: (____) _____

7.) Name of Adjusting Firm: _____ 

8.) Business Address: _____
Street/Box/R.R./Site

City Province Postal Code

9.) Business Telephone: _____


10.) Business Fax: _____

11.) Email address: _____

12.) Website: _____

13.) Level of Adjuster Licence being applied for: (**Check ONLY One**)

- Level 1 - Assistant
- Level 2 - Assistant
- Level 3 - Adjuster
- Level 4 - Independent
- Level 5 - Adjusting Firm



14.) Are you applying for a: (**Check ONLY One**)

- New Licence
- Renewal
- Transfer/Amendment

15.) Do you hold an Insurance Designation through the Insurance Institute of Canada? Yes No
(Indicate with a check mark and attach a copy of Certificate verifying designation) CIP (AIIC) FCIP (FIIC)

If **No**, what courses of the Insurance Institute of Canada have you completed? (Attach a copy of the Course Transcript)

COUNCIL USE ONLY

Licence Number: 

Licence Fee: 

16.) Provide **EMPLOYMENT HISTORY** for the previous FIVE (5) years (UP TO PRESENT DATE).

| Employer's Name and Address | Date From | Date To | Position Held and Reason for Leaving |
|-----------------------------|-----------|---------|--------------------------------------|
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17.) Indicate answer with a **check mark**.

- (a) Have you ever been licensed as an insurance adjuster in Manitoba or elsewhere? (Out of province **applicants must attach a Non-Resident Endorsement including a history check** which can be obtained from the licensing body in their home jurisdiction) Yes No
- (b) Have you ever been refused registration or licensing or had a licence to deal with the public suspended or revoked? Yes No
- (c) Have you ever been subject to any disciplinary action by any regulatory authority? Yes No
- (d) Have you ever been convicted of a criminal offence or received a conditional or absolute discharge? Yes No
- (e) Are there any criminal charges pending against you under the law of any province, state or country? Yes No
- (f) Have you been a defendant in any proceedings in any civil court in any jurisdiction, wherein fraud was alleged? Yes No
- (g) Do you have a court judgement for the award of money against you that has not been satisfied? Yes No
- (h) Have you ever been discharged for cause by an employer? Yes No
- (i) Do you hold an Insurance Agent Licence? Yes No
- (j) Have you ever had an application for bonding declined? Yes No
- (k) Have you at any time been subject to proceedings in bankruptcy? Yes No

If the answer to any part of the above is **YES**, you are required to give complete and full details below or on a separate sheet.

18.) I have attached an **ORIGINAL CRIMINAL RECORD CHECK** as part of Council licence application review process. (Applicants submitting renewal or transfer applications are not required to obtain a criminal record check.) Yes No

19.) I will maintain Errors & Omissions Insurance at a minimum of \$1,000,000.00. (Attach a copy of coverage). Yes No

20.) I have read and understood and agree to abide by the Rules and operate within the Guidelines established by the Insurance Adjusters Code of Conduct. Yes No

21.) Consent (for ongoing Investigation Authorization) - must be completed by all applicants

I _____ on this _____ day of _____
Name in Full of Applicant Date Month

in the year _____, hereby authorize the Insurance Council of Manitoba to undertake a criminal record check and confirm with any police agency the details of any convictions which may have been made against me for any offence under any federal or provincial legislation as well as for any charge which may be outstanding against me under such legislation.

I further hereby consent to and authorize any police agency to release to the Insurance Council of Manitoba such details of convictions and outstanding charges as aforesaid and for so doing this shall be their good and sufficient warrant, discharge and authority.

In addition, I authorize the Insurance Council of Manitoba to conduct ongoing investigations, including but not limited to checks for outstanding criminal charges, a criminal records check and a credit check, as required. This authorization shall be in effect during the entire course of my employment with my insurer; and I agree to give the Insurance Council of Manitoba, as and when requested, any additional authorization that may be required by the Insurance Council of Manitoba or others for the purpose of permitting the Insurance Council of Manitoba to conduct any such ongoing investigations. I understand that my refusal to provide any such additional authorization may be grounds for cancellation of my application and that cancellation of my application would prohibit my insurer from continuing to employ me.

Signature of Applicant

Date

22.) Declaration

This matter of the Insurance act of Manitoba and in the matter of the foregoing application for a licence to act as an insurance adjuster, I **DECLARE:**

1. That I have carefully read and understand the information printed on the last page of this form.
2. That the statement and answers to the questions in this application are true and correct.
3. That the application is made in good faith upon my own behalf and not on behalf of any person not competent to receive a licence, and upon receipt of a licence pursuant here to, I intend to hold myself out publicly and carry on business in good faith as an insurance adjuster.
4. That I have read and understood and agree to abide by the rules and operate within the guidelines established by the Insurance Adjusters Code of Conduct.

Signature of Applicant

Signed in the presence of Witness

Date

Print Name and Address of Witness

23.) The following statement shall be signed by three reputable persons residing in the province of Manitoba.

We personally know the applicant to be competent and trustworthy and of sufficient experience to receive, from the Insurance Council of Manitoba, a licence to act as an insurance adjuster.

| Name | 1) | 2) | 3) |
|-------------------|----|----|----|
| Occupation | | | |
| Address | | | |

APPLICANTS ARE INSTRUCTED TO READ THIS INFORMATION CAREFULLY

- The Insurance Council of Manitoba shall not issue a licence to act as an adjuster other than a hail insurance adjuster, to a person who holds a licence as an insurance agent or a licence to act as a special insurance broker.
- The applicant for such a licence shall file with the Insurance Council of Manitoba a written application under oath, upon a form provided by the Insurance Council, in which the applicant will state his/her name, age, residence and occupation for the five (5) years next preceding the date of the application and such other information as the Insurance Council of Manitoba requires, and the applicant shall furnish a statement as to his/her trustworthiness and competency signed by at least three (3) reputable persons resident in the province of Manitoba.
- If the Insurance Council of Manitoba is satisfied with the statements and information required, they shall issue the licence; and, unless the licence is sooner suspended or revoked, it expires on the thirtieth day of June at the end of the period in respect of which it is issued.
- The Insurance Council of Manitoba shall not issue a licence to act as an adjuster to a person unless:
 - (a) that person has held a licence under this section;
 - (b) that person had held a licence as an adjuster in some other province;
 - (c) that person has served not less than one year:
 - (i) as an assistant adjuster; or
 - (ii) as an adjuster employed by an insurance company; or
 - (d) that person satisfies the superintendent that the person is insured under a liability insurance policy that meets the requirements of Section 385(5.1).
- The Insurance Council of Manitoba may, for cause shown, and after a hearing, revoke the licence, or may suspend it for a period not exceeding the unexpired term thereof, and may, for cause shown, and after a hearing, revoke the licence while so suspended; and they shall notify the licensee in writing of the revocation or suspension.
- Any person who acts as an adjuster without a licence or during a suspension of his/her licence, is guilty of an offence.
- Any person who, not duly licensed as an agent, a broker, or an adjuster, represents or holds himself/herself out to the public as being an agent, broker or adjuster, or as being engaged in the Insurance business, by means of advertisements, cards, circular, letterheads, signs or other methods, or being duly licensed as such an agent, broker, or adjuster, advertises as aforesaid or carries on such a business in any other name than that in the licence is guilty of an offence.

24.) Recommendation

The qualifications and record of the applicant have been investigated and all statements and answers in the foregoing application are true and correct to the best of my knowledge, information and belief. I recommend that the applicant be granted an insurance adjuster's licence.

Name of Adjusting Firm: _____

IT IS UNDERSTOOD THAT IF AND WHEN THIS RECOMMENDATION OR EMPLOYMENT IS TERMINATED, WRITTEN NOTICE, TOGETHER WITH THE REASON THEREFORE, WILL BE GIVEN TO THE INSURANCE COUNCIL OF MANITOBA.

| | | | |
|------|---------------------------|------------|-------------------|
| Date | Signature of Level 5 Firm | Print Name | Official Capacity |
|------|---------------------------|------------|-------------------|

Application Forms are valid for six (6) months from the date the Recommendation Section is signed.

Updated January 27, 2009