Please Type or Print. Original application required.
Incomplete applications will be returned (reference Quick Checklist attached).

General Agency or Adjusting Firm - Business information:

1.) Full Legal Name of the Agency or Firm:

2.) Trade Name(s) used by the Agency or Firm (if applicable):

I have attached the current Manitoba Articles of Incorporation and/or Business Registration(s)

The full Business name (as referenced in questions #1 and #2) will reflect the name(s) in which the licensees
will present themselves to their prospective clients and hold out to the public ...

3.) Business address:

   City                      Province/State                      Postal Code/Zip Code

4.) Business Telephone: (____) ___________________________ Extension: ___________________________

5.) Email address to receive Council Correspondence:

6.) Licence being applied for: (Check ONLY One)

   - General Agency Operating Agent
   - Adjusting Firm Designated Representative

   Document verification of education and licensing history is attached (if applying in Manitoba for the first
   time or if you have not held a prior Manitoba licence)

7.) A list of all Branch Office addresses and the name of the General Agent Level 3 or Adjuster Level 4 or 5
   Licensed Branch Manager for each office is attached

8.) A list of individuals who will be transacting insurance business on behalf of the above noted agency or firm
   in Manitoba is attached

9.) I have attached full particulars, including name, position and contact information, of the owner(s), partners,
   director(s) or officer(s) of the corporation in order of control. I will report any changes in writing within
   15 days to the ICM

10.) I confirm that the Agency or Firm is covered, and will continuously be covered, under an Errors & Omissions
     (E&O) Insurance Policy, which meets the requirements of Regulation 389/87. I further confirm that the
     Agency’s or Firm’s E&O policy provides coverage to all licensees including exclusive and non-exclusive
     producers and/or adjusters authorized to represent the Agency or Firm.

Personal information:

11.) Legal Name of Applicant: ___________________________ ___________________________ ___________________________

   First                                Middle                                Last

12.) Have you ever been known by any other name, legal or otherwise? If yes, provide details.

   ___________________________ ___________________________ ___________________________

   Licence No: ___________________________ Date Approved: ___________________________ Date Issued: ___________________________

   Council Use Only

(ICM-OA/DR-01-2015)
13.) Home mailing address: ____________________________

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<th>Province/State</th>
<th>Postal Code/Zip Code</th>
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14.) Date of Birth: _________/ _________/ _________  
   Month       Day       Year

14.) Cell/Home Telephone: (______) _________

15.) Personal Email Address: ________________________

16.) Do you hold an insurance licence in any other jurisdiction? If yes, provide details. ________________________ [ ] Yes [ ] No

17.) Do you have another occupation or employment other than as an insurance agent or adjuster? [ ] Yes [ ] No
   If yes, provide details. ________________________

   I have read and understand that I must fulfill my professional and ethical obligations as outlined in the Conflict of Interest Guidelines for Additional Occupations and further that I will abide by the provisions of the Guidelines…………………………………………………………………………………………….

   Initial

18.) In any jurisdiction:
   (a) Have you ever been refused registration or licensing, or had a licence to deal with the public suspended cancelled, or revoked? [ ] Yes [ ] No
   (b) Are you presently under investigation, or have you ever been subject to any disciplinary action by any Regulatory Authority or Association? [ ] Yes [ ] No
   (c) Have you ever been convicted of a criminal offence, and/or are there any criminal charges pending against you, and/or have you received a conditional or absolute discharge? [ ] Yes [ ] No
   (d) Have you been a defendant in any proceedings in any civil court wherein fraud was alleged, and/or do you have a court judgement for the award of money or garnishment against you that has not been satisfied? [ ] Yes [ ] No
   (e) Have you ever been discharged or terminated by an employer, or had your insurer sponsorship withdrawn, for mishandling of funds, fraud, misrepresentation, conversion, undue influence, theft, forgery or breach of trust or confidentiality? [ ] Yes [ ] No
   (f) Have you at any time been subject to proceedings in personal bankruptcy, or has any business in which you are/were a Director, Officer, Individual Owner, or Partner been subject to proceedings in bankruptcy? If yes, provide a copy of the bankruptcy discharge. [ ] Yes [ ] No
   (g) Have you ever been subject to a demand by an insurer for premiums in default under any agency and/or firm agreement? [ ] Yes [ ] No
   
   If you have answered “yes” to one or more of the above, describe the facts, including dates and the outcome, if any, on a separate attached sheet. Include copies of any relevant documentation with this application.

19.) Employment History for the previous FIVE (5) years.

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<tr>
<th>Employer’s Name</th>
<th>Date From</th>
<th>Date To</th>
<th>Reason(s) for leaving</th>
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20.) I have read, understood and agree to abide by The Insurance Act, its Regulations, the applicable Licensing Rules and the applicable Agent or Adjuster Code of Conduct…………………………………………………………………………………………………………………………..

   Initial

21.) I will not act, or offer or undertake to act, as an insurance agent or adjuster in this province without having first obtained a licence under The Insurance Act…………………………………………………………………………………………………………………………..

   Initial
22.) I understand that:
- it is my duty to implement reasonable screening procedures to determine an applicant’s suitability to receive an insurance agent or adjuster licence;
- I am required to submit an application for a new employee and to ensure that a valid licence has been issued by the Insurance Council of Manitoba prior to that applicant acting as an agent or adjuster;
- I am required to ensure that licensing rules with respect to agency or adjuster licensing and activities are enforced;
- I am required to ensure that proper and adequate supervision of employees is provided at all times;
- I am required to notify the ICM in writing, at any time during the licensing year, if a licence holder leaves the agency or adjusting firm, providing the reason and effective date of termination; and
- I am required to report any material changes [e.g. change of legal and/or trade name(s)] to the ICM within 15 days …………………………………………………………………………………………………

23.) (This section is applicable to Adjuster applicants only) I have attached a statement, signed by at least three reputable persons resident in the province, as to my trustworthiness and competency as required under Section 385(3) of The Insurance Act of Manitoba…………………………………………………………………………………………………………

24.) Consent and Declaration - must be completed by all applicants:
I consent to the manner in which the Insurance Council of Manitoba (ICM) will collect, use, disclose and otherwise maintain my personal information. The information requested is collected under the authority of and used for the ICM administration of the Act, its Regulations, its Rules and Codes of Conduct. I understand that any documents obtained through investigation of my suitability and/or any compliance issues may be shared with other Regulators.

I declare that the information contained in this application, including attachments, is true and complete. I understand that the information, including criminal record checks which I have provided, will be used to investigate my suitability for licensing. I also understand that it is an offence under The Insurance Act to make a material misstatement to the ICM. I understand that refusal to provide any such additional authorization may be grounds for cancellation of my application or insurance licence. I further declare that I am hereby appointed to act as the Operating Agent for the Agency or Designated Representative for the Adjusting Firm noted in questions #1 and/or #2.

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<tr>
<th>Date</th>
<th>Signature of Operating Agent or Designated Representative Applicant</th>
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25.) (This section is applicable to General Agent applicants only) Sponsorship:
I have reviewed the details contained in this agent application, including all attachments, and confirm that I support this application for an Operating Agent Licence. I understand that I am required to notify the Insurance Council of Manitoba, in writing within fifteen (15) days, if this Applicant’s authority to represent our insurance company or agency ceases and advise the Insurance Council of Manitoba where there are issues related to the applicant’s suitability or conduct as a licensee.

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<th>Print Name (ICM approved Insurer Authorized Appointee)</th>
<th>Signature (ICM approved Insurer Authorized Appointee)</th>
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Quick Checklist

for completion and submission of the application to the ICM office

- Fully completed application.
- Copy of the Manitoba Articles of Incorporation and/or Business Registration from the Manitoba Companies Office.
- Document verification of education and licensing history of Applicant (if applying in Manitoba for the first time or have not held a prior Manitoba licence).
- A list of Branch Office addresses, including the name of the General Agent Level 3 or Adjuster Level 4 or 5 Licensed Branch Manager for each office.
- A list of individuals who will be transacting insurance business on behalf of the agency or adjusting firm in Manitoba.
- Full particulars, including name, position and contact information, of the owner(s), partners, director(s) or officer(s) of the corporation in order of control.
- Proof of Professional Liability Insurance (Errors & Omissions) as referenced within Regulation 389/87.
- Description of the facts to any “yes” answers, including dates and the outcome, if any, on a separate attached sheet and copies of any relevant documentation.
- Adjuster applicants only: Signed statement from three reputable persons resident in the province.
- A copy of the applicant’s government issued photo identification.
- Original criminal record check (CRC) issued through the applicant’s local RCMP detachment or municipal police department. Applicable to applicants who have not held a Manitoba licence for 12 months or longer. CRC must be current (within 6 months) and will not be returned.
- Applicants from other jurisdictions without web based licence searches require an original certificate of authority/non-resident endorsement form.
- Licence Fee(s):
  - $185.00 for the Agency Operating Agent annual licence fee;
  - $70.00 for an amendment or reinstatement; and/or
  - $200.00 for the Adjusting Firm Designated Representative annual licence fee.