



To be completed by the RIA Designated Official and the original application to be filed with the ICM office:

1.) Legal Name in which the RIA will carry on business and in which the licence will be issued: _____

2.) List all business/trade names that will be used if different from question #1: _____

3.) Is the organization a: Corporation Partnership Sole Proprietor Other (if other, specify): _____

4.) I have attached a copy of the Articles of Incorporation and/or Business Name Registration(s) as listed above to this application. Not applicable to a Chartered Bank or a credit union under The Credit Unions and Caisses Populaires Act.

5.) Business Address: _____

Mailing/Street Address

City

Province

Postal Code

6.) Type of Certificate applied for:

Eligible Entity (Choose one only):

<input type="checkbox"/> Automobile/Equipment Dealership	<input type="checkbox"/> Customs Brokerage	<input type="checkbox"/> Deposit Taking Institution	<input type="checkbox"/> Freight Forwarding	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Mortgage Broker
<input type="checkbox"/> Portable Electronics Vendor	<input type="checkbox"/> Sales Finance Company	<input type="checkbox"/> Transportation Service	<input type="checkbox"/> Travel Agency	<input type="checkbox"/> Vehicle Rental	<input type="checkbox"/> Other

Class of Insurance: (Choose all applicable)

<input type="checkbox"/> Cargo	<input type="checkbox"/> Creditor's Disability	<input type="checkbox"/> Creditor's Life	<input type="checkbox"/> Creditor's Loss of Employment	<input type="checkbox"/> Creditors Vehicle Inventory
<input type="checkbox"/> Export Credit	<input type="checkbox"/> Funeral Expense	<input type="checkbox"/> Guaranteed Asset Protection (GAP)	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Personal Travel
<input type="checkbox"/> Portable Electronics	<input type="checkbox"/> Rented Vehicle Accidental Injury or Death	<input type="checkbox"/> Rented Vehicle Contents	<input type="checkbox"/> Rented Vehicle Liability	<input type="checkbox"/> Travel Interruption and Property Loss

7.) I have attached a copy of the Liability Insurance (Errors & Omissions) coverage meeting all requirements of Manitoba [Regulation 389/87](#). Not required if member of the Canada Deposit Insurance Corporation or a credit union under The Credit Unions and Caisses Populaires Act.

8.) Does/has the applicant currently hold/previously held a licence to sell insurance products of any type in Manitoba or any other Province, State or Country No Yes (If yes, provide details): _____

9.) Total Number of Employees offering insurance products:

- RIA Employees: Number of RIA employees offering insurance products: _____.
- Will this applicant use employees of another entity, outlined in Section 27 of [Regulation 389/87](#), to market insurance products? No Yes
 - If yes, number of employees of another entity marketing insurance products = _____.
 The "[RIA Employees of Other Entities](#)" application is required to be completed by the Designated Official for use of employees of other entities and must accompany this RIA application form.

10.) FEE SCHEDULE: Applicable Fee is based on the total number of RIA employees and, if applicable, Employees of Other Entities in question #9 above (See the following "Quick Checklist" for fee schedule. Fees vary depending on the number of employees who will conduct insurance business.)

11.) **Declaration and Certification:** I am designated to receive notices and other documents on behalf of the applicant person or entity ("applicant") to be licensed, and I am responsible to supervise the applicant's insurance activities under the restricted licence. I understand that the Insurance Council of Manitoba may require additional information to determine if the applicant is suitable to hold a licence and/or that the applicant and insurance product qualifies for a Restricted Insurance Agent licence.

I certify that the applicant has reasonable and demonstrative policies and procedures to ensure that anyone who solicits, negotiates or transacts insurance on behalf of the applicant is knowledgeable, competent and suitable. I understand that the Insurance Council of Manitoba may require evidence of such policies and procedures for the issue or renewal of a Restricted Insurance Agent licence.

I certify that Errors and Omissions insurance will be continuously maintained and will meet the requirements of Manitoba Regulation 389/87 unless exempted as described in Section 7 of this application.

Consent/Use/Disclosure of Information: By applying for a Restricted Agent Licence or the continuation of the insurance licence, I understand information may be collected from the applicant or from other sources including but not limited to the sponsor of the licence, financial service regulators, law enforcement agencies, credit bureaus, insurance companies or other organizations in the financial services sector. I consent to the collection and use of this information for the purpose of determining the suitability for licensing or the continuation of a licence.

I certify that the information contained in this application is true and complete and agree to notify the Insurance Council of Manitoba of any changes within 15 days:

RIA Designated Official Name: _____ Position: _____

Email Address _____ Telephone Number _____ Ext. _____

Signature: _____ Date: _____

12.) **Mandatory Sponsorship:** *To be completed by the licensed insurer sponsoring the Restricted Insurance Agent/Applicant:*

RIA Applicant Name: _____ is hereby sponsored and authorized to act as an agent of the undersigned insurer.

The undersigned insurer is licensed to undertake the class of insurance the applicant has applied for, has entered into an agency contract with the applicant and recommends that the applicant be granted a Restricted Insurance Agent Licence.

It is understood that if the licensee named herein is terminated by us, written notice, including the reasons for termination will be given to the Insurance Council of Manitoba within 15 days of termination.

Name of Insurer

Printed Name and Position of Signing Authority

Signature of Signing Authority

Date

Quick Checklist

for completion and submission of the application to the Insurance Council of Manitoba (ICM)

- Fully completed application including mandatory sponsorship authorization by an insurer licensed in Manitoba to undertake the class of insurance applied for.
- Copy of the Manitoba Articles of Incorporation and/or Business Registration from the Manitoba Companies Office. *Not required if member of the Canada Deposit Insurance Corporation or a credit union under The Credit Unions and Caisses Populaires Act.*
- Proof of Professional Liability Insurance (Errors & Omissions).
Not required if member of the Canada Deposit Insurance Corporation or a credit union under The Credit Unions and Caisses Populaires Act.

As required under Section 371(1.1) of *The Insurance Act*, [Regulation 389/87](#):

16.1(1) For the purposes of subsection 371(1.1) of the Act, an applicant for a restricted insurance agent licence under section 380.1 of the Act must have, and an agent who holds such a licence must maintain, liability insurance of at least \$1,000,000 in respect of any one occurrence, with an overall policy aggregate of at least \$2,000,000.

16.1(2) The liability insurance required by subsection (1)

(a) must, at a minimum,

- (i) include extended reporting for a period of 12 months,
- (ii) include extended coverage for fraudulent acts and dishonest acts,
- (iii) provide coverage amounts that are exclusive of defence and investigative expenses,
- (iv) include coverage that covers all of the insurance products that the insured is or will be licensed to sell,
- (v) include coverage for
 - (A) the insured's supervisory activities, if applicable, and
 - (B) any unlicensed employee for whose acts the insured is responsible; and

(b) must not be restricted to particular insurers' products.

- Licence Fee made payable to the Insurance Council of Manitoba:
 - 1-4 employees = \$150
 - 5-10 employees = \$225
 - 11-15 employees = \$375
 - 16-20 employees = \$500
 - 21-99 employees = \$700
 - 100-249 employees = \$1,500
 - 250-499 employees = \$3,000
 - 500 or more employees = \$5,500
- Fully completed Employees of Other Entities application (if applicable).
- If you are a Designated Official applying for a **Funeral Director** licence or a **Mortgage Broker** licence, you must submit a copy of your licence issued under *The Prearranged Funeral Services Act* or your licence issued through *The Mortgage Brokers Act*.