



Insurance Council of Manitoba

SUPERVISION CERTIFICATE

The holder of a life insurance agent licence who has not held any type of life insurance agent licence for one (1) continuous year must be supervised by an agent who holds a valid life insurance agent licence and has held it and been an active life agent on a full-time basis for at least three (3) continuous years immediately before the date of the declaration. The supervisor must consider the sale of life insurance as being their full-time primary occupation.

I, _____, certify that I am currently licensed in Manitoba and am the holder of a Life
(Print Name of Supervising Agent)

Insurance Agent Licence, have held such licence and have been an active full-time life agent for three (3) continuous years immediately before the date of signing this certificate. I agree to review all insurance related material used or

prepared by _____ and will ensure that the insurance being applied for is
(Print Name of Agent Requiring Supervision)

appropriate to the needs and circumstances for each applicant and/or insured. I have read, understand and agree to fulfill my supervisory duties and to comply with the requirements to co-sign certain documents in compliance with Section 9 of the Life Insurance Agents and Accident & Sickness Insurance Agents Licensing Rules.

As the qualified supervisor of the above noted agent, I understand and agree to abide by the provisions stated above and that should I be in breach of the agreement, the Insurance Council of Manitoba has the authority to revoke my supervision status and/or impose disciplinary action including but not limited to fines and/or the revocation of my life licence.

Signature of Supervising Agent

Date

I certify that I will provide to the supervisor signing this Certificate a copy of all insurance related material for each life insurance application. I further understand and agree to comply with all licensing requirements and operate within the guidelines set out in the Insurance Act of Manitoba and the Regulations under the Act, the Life Insurance Agents and Accident & Sickness Insurance Agents Licensing Rules and the Life Insurance and Accident and Sickness Agent’s Code of Conduct. I have read, understand and agree to comply with the prescribed agent duties and co-signing requirements of Section 8 of the Life Insurance Agents and Accident & Sickness Insurance Agents Licensing Rules.

Signature of Agent

Date

The Licensees signing the Certificate must retain a copy of this Certificate for their records.
Certificates evidencing **ORIGINAL SIGNATURES MUST** be filed with the Insurance Council of Manitoba office.
This agreement is in effect until terminated by written notification to or by the Insurance Council of Manitoba.