

**This application to change a Designated Official (D/O) is to be completed by the applicant wishing to hold the RIA D/O licence, with sponsorship from the sponsoring insurer.**

**Change to D/O applications submitted by the applicant must be in original paper form. Change to D/O applications submitted via email will be accepted only when submitted to the ICM directly from the Authorizer of the sponsoring insurer.**

**Refer to the [User Guide - to Amend a Licence](#) for other amendments to the RIA licence.**

1.) **Full Legal Name and/or Business/Trade Name(s) of the RIA entity:** \_\_\_\_\_

2.) **Full Business Address:** \_\_\_\_\_

3.) **Type of Certificate that the entity holds:** *Choose the Entity and the applicable Class(es) of Insurance*

Persons and entities eligible for restricted licence	Classes or types of insurance for which a restricted licence may be issued			
Automobile/Equipment Dealership	<input type="checkbox"/> Creditor's Disability	<input type="checkbox"/> Creditor's Life	<input type="checkbox"/> Creditor's Loss-of-Employment	<input type="checkbox"/> Guaranteed Asset Protection (GAP)
Customs Brokerage	<input type="checkbox"/> Cargo	<input type="checkbox"/> Export Credit		
Deposit Taking Institution	<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
Freight Forwarding	<input type="checkbox"/> Cargo	<input type="checkbox"/> Export Credit		
Funeral Director (must hold a licence under <i>The Prearranged Funeral Services Act</i> )	<input type="checkbox"/> Funeral Expense			
Portable Electronics Vendor	<input type="checkbox"/> Portable Electronics			
Mortgage Broker (must carry on business in Manitoba in accordance with <i>The Mortgage Brokers Act</i> )	<input type="checkbox"/> Creditor's Disability	<input type="checkbox"/> Creditor's Life	<input type="checkbox"/> Creditor's Loss-of-Employment	<input type="checkbox"/> Mortgage
Sales Finance Company	<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
Transportation Service	<input type="checkbox"/> Cargo	<input type="checkbox"/> Personal Travel	<input type="checkbox"/> Travel Interruption and Property Loss	
Travel Agency	<input type="checkbox"/> Personal Travel	<input type="checkbox"/> Travel Interruption and Property Loss		
Vehicle Rental Agency	<input type="checkbox"/> Rented Vehicle Accidental Injury or Death	<input type="checkbox"/> Rented Vehicle Contents	<input type="checkbox"/> Rented Vehicle Liability	

4.) **I confirm that the entity is covered under a Liability Insurance policy (Errors & Omissions) 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 (must provide confirmation of this).*

No  Yes  Member of CDIC or a Credit Union under The Credit Unions and Caisses Populaires Act

5.) **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 (D/O) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

The RIA Entity named above, and the Designated Official (D/O) named above, are 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/Authorizer filed with the ICM

\_\_\_\_\_  
Date

**NOTES:**

No fee required to make a change to a Designated Official (D/O).

Once the application is complete, the Authorizer of the sponsoring insurer can email it to the ICM for review and processing at [contactus@icm.mb.ca](mailto:contactus@icm.mb.ca).

Further changes to the RIA licence must be completed online using different application forms – review the [User Guide – to Amend a Licence](#).