

Disaster Response Temporary Adjuster Authorization Application

Purpose:

This application enables adjusting firms to request temporary authorization for non-resident adjusters to operate in Manitoba during a disaster claims surge. A full online application, all supporting documentation, and applicable fees must be submitted within 60 days for each individual listed on this form.

**1. List the Disaster that this application will be used for
(i.e. flooding in Manitoba)**

2. Firm and Designated Representative Information

Firm Name: _____

Designated Representative Printed Name: _____

Designated Representative Licence Number: _____

Business Address: _____

Email Adress: _____

Phone: _____

3. Adjuster List (list more if needed; all columns must be completed)

The Designated Representative must be included in the table below if they are applying for temporary authorization.

[illegible]

4. Conditions of Authorization

Licence Term and Fees

- All licences issued by the Insurance Council of Manitoba expire annually on June 30 (Section 385(4) of *The Insurance Act* of Manitoba), unless suspended or cancelled earlier.
- Individuals who are licensed prior to June 30, 2026 and intend to continue working beyond that date must renew their licence for the next licensing year.
- Individuals who wish to become licensed before June 30, 2026 and beyond June 30, 2026, will be required to pay both the current and subsequent annual licence fees.

5. Confirmation

The Insurance Council of Manitoba (ICM) will provide written confirmation of approval, granting the above-named adjusters temporary authorization to act on behalf of the firm **strictly for disaster response purposes**. No individual listed herein is authorized to act on behalf of the firm unless and until written confirmation of approval has been issued by the ICM.

6. Designated Representative Declaration

As the Designated Representative, I certify that:

- All individuals listed are under my management and overall supervision, and will only conduct adjuster activities under the name of the firm listed above.
- All Level 1 Assistant Adjusters will be supervised in accordance with Manitoba Licensing Rules by a Manitoba-licensed Level 2 or Level 3 adjuster (as identified above).
- I take full responsibility for ensuring that all listed individuals comply with *The Insurance Act* of Manitoba, its Regulations, the Licensing Rules, and the Code of Conduct.
- The individuals listed above are authorized to act on behalf of the firm named above **solely for the purposes of disaster response**, subject to written approval by the Insurance Council of Manitoba.
- I remain fully responsible for all adjusting activities carried out by the firm and the individuals listed herein.
- I confirm that all listed individuals will be covered under the firm's Professional Liability as required by Regulation 389/87R.
- For each individual listed on this application, a complete online application, including supporting documentation and applicable fees, will be submitted within 60 days of this authorization to the Insurance Council of Manitoba.

Signature: _____

Date: _____

Submission

Email to contactus@icm.mb.ca