## APPLICATION FOR AN INSURER'S LICENCE



Send to:

Superintendent of Insurance Government of the Northwest Territories

Courier: 4922 – 48<sup>th</sup> St., YK3 Yellowknife, NT X1A 1N2 General Post: P.O. Box 1320, YK3 Yellowknife, NT X1A 2L9 FORM 3 (Section 27

Under the <i>Insurance Act</i> , the undersigned Company makes application for a licence to undertake contracts of insurance in the Northwest Territories for the term ending June 30,				
	(specify) Initial Licence	Renewal of Licence		
1.	Name of Company:			
	Address of head office:			
2.	Name and address of Chief Agent for Canada	Phone		
		Fax		
3.	Name and address of Chief Agent in/for N.W.T.	Phone Fax		
4.	Post office address to which notice or process is to be forwarded by the Superintendent under s.267(2) of the Act			
5.	The Company is authorized by certificate of registry dated to transact in Canada the following classes of insurance:			
6.	6. What classes do you apply to be licensed for and authorized to undertake in Northwest Territories?			
7.	7. Type of company: (specify)  joint stock insurance company mutual insurance corporation cash-mutual insurance corporation fraternal society company duly incorporated to undertake insurance contracts and not within classes (a) to (d) underwriter or syndicates of underwriters operating on a plan known as Lloyd's pension fund association reciprocal inter-insurance exchange			

TOR OFFICIAL OSL ONET		
	LIC #:	
	EFF. DATE :	

REF#:

AMOUNT : VERIFIED BY:

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(Section 27)

- The following documents must accompany the **original** application:
  - certified copy of the Company's instrument of incorporation or association and of its constitutions, by-laws and regulations;

	<ul> <li>certified copy of its last balance sheet and auditor's report;</li> </ul>	
	<ul> <li>if the head office of the insurer is out of the N.W.T. an exec power of attorney from the insurer to the Chief Agent resident</li> </ul>	
	<ul> <li>proof of membership in good standing with compensation of Corporation (PACICC) or Canadian Life &amp; Health Insurance</li> </ul>	corporations (Property and Casualty Insurance Compensation Compensation Corporation (Assuris/CompCorp)).
9.	association, the articles of association (or other original constit amended or changed during the current year?	vas incorporated, created or established, or the memorandum of cutional rules and objects if the Company, if applicable) been
	If so, has a duly certified copy of the amendment or change be Territories?  (If not, attach a copy to this application)	een filed with the Superintendent of Insurance for the Northwest
	(If flot, attach a copy to this application)	
Da	ated at on	20
(sig	gnature of authorized officer of the company)	(title or position in company)
	CTATUTODY D	
	STATUTORY D	ECLARATION
I,		of
		tate) of
the	duly appointed	for the Company mentioned
that indi con	declare that this application is made by me in go t I have the means of verifying the correctness of this applications icated; that no fact or document material to be disclosed has been ascientiously believing it to be true and knowing it is of the same mada Evidence Act.	en concealed or withheld; and I make this solemn declaration
DE	ECLARED before me	
a	at	
	(place)	
0	n(date)	
	(signature of notary)	(signature of applicant)
	Affix seal here	

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