

# APPLICATION FOR RENEWAL OF A TRAVEL INSURANCE AGENT'S LICENCE

Send to:

In order to avoid a delay in processing, Please read and follow these instructions

Superintendent of Insurance Government of the Northwest Territories

Courier: 5003-49<sup>th</sup> St., LAI-3 Yellowknife, NT X1A 1P5 General Post:

P.O. Box 1320, LAI-3 Yellowknife, NT X1A 2L9

Fee Schedule:

FORM 12

2 YEAR LICENCE

(Section 27)

<ul> <li>Complete <u>all</u> sections of this form</li> <li>Enclose payment payable to the <i>Government of the Northwest Territories</i></li> </ul>	\$106 Not Eligible		
Send the original signed application and required documents to the above address			
The undersigned applies for the renewal of his or her licence to carry on the business of travel agent in the Northwest Territories and submits the following statements:			
A November 1997			
1. Name of applicant:  Last First	Middle		
Full Residence address:			
Residence telephone:	Applicant's date of birth:  Month Day Year		
2. Length of time residing in this community:  Year(s)/Month(s)  Occupation:			
3. Full Business address:			
Business name:			
(This will appear on your licence)			
Business telephone: Ext.	Business fax:		
Ext. E-mail:			
4. Sponsoring Insurance Company: (Do not abbreviate)			
5. Have you during the past year engaged in any occupation (or occupations) other than a travel agent?			
If Yes, Indicate the			
a) nature of the occupation ( <i>or occupations</i> )			
b) name of your employer			
c) position you occupy in relation to the business			
d) amount of time devoted to insurance			
6. Licence number for current year			
Dated at (community) on	Signature of applica		

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FORM 12

# I hereby state that I understand that it is contrary to the provisions of the *Insurance Act* of the Northwest Territories to

- a) act as a travel agent without having obtained the appropriate licence from the superintendent of insurance and to do so would make me guilty of an offence;
- b) provide an illustration, circular or statement that misrepresents or is so incomplete that it misrepresents the terms, benefits or advantages of any policy issued or to be issued;
- c) make any misleading statement as to the terms, benefits or advantages of any policy;
- d) make an incomplete comparison of any policy with that of any other insurer for the purpose of inducing an insured to lapse, forfeit or surrender a policy;
- e) rebate any part of the premium or commission or offer any valuable consideration as an inducement to any insured to purchase insurance;
- f) continue to carry on business as a travel agent after my licence has expired or after that suspension of my licence without securing a renewal or reinstatement of my licence.

#### STATUTORY DECLARATION

In the matter of the *Insurance Act* and in the matter of the foregoing application for the renewal of a travel agent licence:

- I, the applicant make oath and say
  - 1. That all statements and answers contained in this application are true.
  - 2. That this application is made in good faith on my own behalf and not on behalf of any person who is not competent to receive a licence and on receipt of a licence under this application, I intend to hold myself out publicly and carry on business in good faith as a travel agent.

### SWORN before me

	(signature of notary)	(signature of applicant)
	(date)	
on		
	(place)	
at		

Affix seal here

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NOTICE OF APPOINTMENT OF TRAVEL AGENT NOTE: The notice of appointment of travel agent may only be signed by an officer of the insurance company authorized to sign for the head office of the insurer or by a specifically authorized appointee. of \_\_\_\_\_ has been authorized \_\_\_\_\_ has been authorized (name of applicant) in writing by \_\_\_\_ to act as a travel agent of (name of sponsoring insurance company) a licensed insurer duly authorized to carry (name of sponsoring insurance company) to carry on business in the Northwest Territories, in the soliciting of and negotiating for insurance. The qualifications and record of the applicant have been investigated and all statements and answers contained in this application are true and correct to the best of my knowledge, information and belief. I hereby recommend \_\_\_\_\_ as a trustworthy and competent person \_\_\_\_\_ as a trustworthy and competent person entitled to receive a travel agent's licence as an agent of (name of travel agency) In the event that this insurance agency is terminated, written notice will be sent to the Superintendent of Insurance, without delay, indicating the reason for the termination. Dated at \_\_\_\_\_(community) (signature of officer or appointee) (print or type full name)

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