



# SINGLE POLICY REPORT

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 14

Submission to  
 Superintendent  
 (Section 224(3))

This statement must be submitted within ten (10) days after placing insurance with an unlicensed insurer and submitted with a completed Form 13 (Statement of Insured)

Filed pursuant to the Insurance Act of the Northwest Territories					
Name of Insured	Nature of Insurance	Name of Unlicensed Insurer	Amount of Insurance	Premium Rate	Total Premium

I, \_\_\_\_\_ state that the foregoing information is accurate and true to the best of my knowledge.

Dated at

on (m/d/y)

Title / Position of Signator

Signature of Broker