



SECTION 1 APPLICANT/ LICENSEE INFORMATION

Licence Number (if applicable):		
Legal first name:		
Legal middle name(s):		
Legal last name:		
Class of licence you hold or are applying for:	Life Insurance	General Insurance
	Adjuster	Accident & Sickness

SECTION 2 DESCRIPTION OF OTHER ACTIVITIES

Enter a brief description of your other business/volunteer activities, including: any supervisory or human resource responsibilities; any direct or indirect authority over others; and actual or estimated start date.

Note: Council reserves the right to request a letter of acknowledgement from the organization listed above confirming that they are aware of your application for an insurance licence or your insurance licence.

I have advised all Agencies and/or Firms that I represent or will represent of my other business activities:	Yes	No
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SECTION 3 CONFLICT OF INTEREST GUIDELINES FOR YOUR OTHER BUSINESS ACTIVITIES

Are you subject to conflict of interest guidelines for your other business activities?	Yes	No
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If yes, please provide a brief description:

SECTION 4 APPLICANT/ LICENSEE SIGNATURE

Before submitting your other business / volunteer activities for consideration, please note:

- If you are not a licensee, a formal review will only be completed with the submission of a fully completed licence application and this form.
- If you are a licensee, Council will contact you within 90 days if it has identified concerns with your other business activities.

SIGNATURE OF APPLICANT/
LICENSEE

DATE SIGNED (MM/DD/YYYY)

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