



1. Your Information

Full Legal name : [text box]

File or licence number, if you are currently licensed: [text box]

Class of licence you hold or are applying for:
[checkbox] Life Insurance [checkbox] General Insurance
[checkbox] Adjuster [checkbox] Accident & Sickness

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.

[Four empty text boxes for description]

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: [checkbox] No: [checkbox]

3. Conflict of Interest Guidelines for your Other Business Activities

Are you subject to conflict of interest guidelines for your other business activities? Yes: [checkbox] No: [checkbox]

If yes, please provide a brief description:

[Four empty text boxes for description]

4. 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: [text box]

Date signed: [DD][MM][YY] [checkbox]