



MONTHLY RETURN SPECIAL INSURANCE BROKER

To the superintendent of insurance:

I, _____, FULL GIVEN NAMES AND SURNAME

make oath and say that the following is a true statement of insurance placed by me with unlicensed insurers for the month ending _____, 20__.

Applicant information						
Legal last name		Legal first name(s)		Legal middle name(s)		
Other names by which you may be known				Policy number		
Email				Phone		
Mailing address			City	Prov./terr.	Postal code	Country
Physical address <i>(if different from mailing address)</i>			City	Prov./terr.	Postal code	Country
Date insurance placed <small>YYYY/MM/DD</small>	Class of insurance placed	Amount of insurance placed		Rate of premium		
Term of insurance		Gross premium paid		4% insurance premium tax		
Property insured			Property location			
Name of unlicensed insurer in which insurance is placed						
Address of unlicensed insurer in which insurance is placed						
Sworn before me at _____ in the _____ this ____ day of _____.						
Notary Public			Applicant			
Notary Public signature			Applicant signature			
My Commission expires			(Seal)			

Personal information is collected, used, and disclosed under the authority of Section 15(a)-(c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the licence or certificate being requested. It will be used for the purposes of these Acts and their regulations including but not limited to eligibility of registration and licensure, practice assessment, and complaint related matters. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at inquiry.plra@yukon.ca