

PROFESSIONAL LICENSING AND REGULATORY AFFAIRS

INSURER RECOMMENDATION OF AGENT

This form must be completed by a designated official of each insurer the applicant will represent in addition to their sponsoring insurer. All insurers must hold a current insurer's licence in Yukon.

Name of applicant:					
Yukon licence #:					
<u> </u>	•	tion and record of the applic following classes of insuranc		nd the applicant be granted a	licence as
Legal name of insurer:					_
Classes of insurance:	□Life	☐ Accident and sickness	☐ All classes exce	ept life, accident and sickness	☐ Travel
•		•		mendation or employment is he Superintendent of Insuranc	
Name				Official capacity	
 Signature				 Date	

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the Access to Information and Protection of Privacy Act and under the Act associated to the profession related to the licence being requested. It will be used for the purposes of these acts and their regulations and to determine eligibility for licensure/registration. 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 insurance.plra@gov.yk.ca

YG(6481EQ)F1 Rev.07/2019 Page 1 of 1