



NOTICE OF APPOINTMENT OF INSURANCE SALESPERSON

To be filled out by the sponsoring agent or broker the applicant will represent.

Please note that _____ of _____
NAME OF APPLICANT LOCATION

is hereby authorized to act as a salesperson for _____
AGENT/BROKER NAME

and duly authorized to carry on business in Yukon.

The record of the applicant has been investigated and I hereby recommend that person as a person sufficiently trustworthy and competent to entitle that person to receive a licence to act as an insurance salesperson for

- all classes other than life insurance, or
- travel.

All statements and answers contained in the foregoing application are true and correct to the best of my knowledge, information and belief.

I agree that this applicant shall be employed on a salary basis only, and shall not be paid any commission or bonus based on production.

If and when the employment of this salesperson is terminated, written notice thereof will be given to the Superintendent of Insurance, together with the reason, and the licence will be returned to the Superintendent of Insurance.

Name

Yukon licence number

YYYY/MM/DD

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@yukon.ca.