



# Application for Adjuster's Licence

(Pursuant to the Insurance Act R.S.P.E.I. 1988, Cap. I-4)

**Mail to:**

Department of Justice and Public Safety  
 Consumer, Corporate and Financial Services  
 PO Box 2000, Charlottetown, PE C1A 7N8  
 Tel: 902 368 6288 Fax: 902 368 5283  
[www.gov.pe.ca](http://www.gov.pe.ca)

**Return in person to:**

105 Rochford Street, 1st Floor  
 Charlottetown, PE C1A 7N8

<b>1. Personal Identification / Qualification Information (PLEASE PRINT)</b> Last name (Legal name)				
2. First name (Legal name)		Middle name(s) (in full)		Preferred name if different
3. Have you <b>ever</b> been known by another name, legal or otherwise? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please print name here				
4. Birth Date		Sex		
Y Y Y Y	M M	D D	M <input type="checkbox"/> F <input type="checkbox"/>	
5. Home Address Street Name and Number, Suite, etc.			Home Telephone (    )	
			Home Fax (If applicable) (    )	
City/Town	Province	Postal Code	E-mail (if applicable)	
5. Business Name and Address Street Name and Number, Suite, etc.			Business Telephone and extension (if applicable) (    )	
			Business Fax (If applicable) (    )	
City/Town	Province	Postal Code	Business E-mail (if applicable)	
7. Address for correspondence:                      Home <input type="checkbox"/> Business <input type="checkbox"/>				
<b>8. Consent to the Collection, Use and Disclosure of Information</b>				
<p>I hereby consent to the collection, by the licensing authority, of such personal information and such additional information about me, as may be necessary in order to complete or verify the information contained on the application form and to determine if I am qualified to have a licence as an insurance adjuster.</p> <p>The legal authority for the collection of this information is provided by the legislation and regulations governing the licensing and regulation of insurance adjusters by the Insurance Act, R.S.P.E.I. 1988, Capt. 1-4.</p> <p>I further authorize and consent to the licensing authority conducting a licensing check and the obtaining from any licensing authority the details of licensing status and details of any disciplinary proceedings against me for breaches under any licensing legislation, rules or by-laws as well as any investigations that are outstanding against me under such legislation, rules or by-laws.</p> <p>I further and specifically authorize and consent to the licensing authority conducting a criminal record check, and the obtaining from any law enforcement agency the details of any convictions or findings of guilt against me for any offences under federal or provincial legislation as well as any charges that were or are outstanding against me under such legislation.</p> <p>I further authorize any law enforcement agency to release to the licensing authority such details of convictions and outstanding charges as aforesaid and this form shall be their good and sufficient warrant, discharge and authority for doing so.</p> <p>I further consent to the licensing authority obtaining any information about me from any credit bureau or from any other credit information source, as permitted by law in any jurisdiction in Canada or elsewhere.</p> <p>And I furthermore authorize the licensing authority to disclose any of this information to a sponsoring company, other licensing authorities and regulators or law enforcement agencies.</p>				
Signature of Applicant			Date Y Y Y Y   M M   D D	

**9. Licence Requested and Qualifications**  
 I am applying for the following licence: (Check one box only)

Probationary Adjuster Licence  Full Adjuster Licence

**Note: Applicants for a probationary licence must complete the attached Supervision Undertaking**

**10.** Do you hold an adjuster's licence in your home jurisdiction?

No  Yes If yes, please state licence number \_\_\_\_\_

**Note: Please provide a Letter of Good Standing from your home jurisdiction (if other than PEI)**

**11.** Qualifications required by candidates applying for a new licence are outlined in the Adjuster Licencing Information attachment.

**12. Employment History for The Past Five Years** (Include months, years and periods of unemployment)

Employer's Name	Date		Position Held	Reason for Leaving
	From (yy/mm)	To (yy/mm)		

**Disciplinary Action, Bankruptcy, Judgements and Civil Proceedings**

**13.** Have you **ever** had a licence or registration to deal with the public refused, revoked, suspended or cancelled or subject to any restrictions or conditions?

No  Yes If yes, please attach details

**14.** Do you have any other occupation or employment other than as an insurance adjuster?

No  Yes If yes, please attach details

**15.** Have you **ever** been successfully sued or has a complaint **ever** been made against you to a regulatory body in any province, territory, state, or country that was or is, based in whole or in part, on fraud, theft, deceit, misrepresentation, forgery, or similar conduct; or based in whole or in part, on professional negligence or misconduct (including claims paid by your errors and omissions insurance carrier or bonding company)?

No  Yes If yes, please attach details

**16.** Have you ever been subject to discipline or are you currently the subject of an investigation by a regulatory authority in this jurisdiction or elsewhere?

No  Yes If yes, please attach details

**17.** Have you **ever** been declared bankrupt or made a voluntary assignment in bankruptcy or are you currently an undischarged bankrupt?

No  Yes

If yes, attach details, including trustee's name and address, location of bankruptcy filing, assignment of bankruptcy or receiving order, statement of affairs, and an explanation as to the circumstances of the bankruptcy.

**18.** Have you **ever** been an officer or director or a controlling shareholder in a corporation or partnership that made a voluntary assignment in bankruptcy or is currently an undischarged bankrupt?

No  Yes If yes, please attach details as in question 17

**19.** Are you currently a defendant in any civil proceeding or are there any unsatisfied judgements imposed by a civil court, in Canada or elsewhere, against you personally or against a business in which you have an interest of at least ten percent?

No  Yes If yes, please attach details

**20.** Have you **ever** applied for a surety bond or fidelity bond and been refused or have you ever had a surety bond or fidelity bond revoked?

No  Yes If yes, please attach details

**21.** Have you **ever** been convicted or charged, or are you currently charged with any offence under any law of any province, territory, state or country, or are you currently the subject of any charges?

No  Yes If yes, please attach details

**22.** Has any partnership or company of which you are or were at the time of such an event a partner, officer, director or shareholder, **ever** pleaded guilty or been found guilty, or is any such partnership or company currently the subject of a charge or indictment, under any law of any province, state or country for contraventions, offences or other conduct relating to the business of insurance?  
 No                       Yes                      If yes, please attach details

**23.** Have you **ever** had an employment or business relationship terminated for breach of confidentiality, breach of trust, fraud, misappropriation of funds, theft, forgery, sexual harassment, or physical assault?  
 No                       Yes                      If yes, please attach details

**24. Declaration/Attestation**

- I, the undersigned applicant, certify that the information given by me in this application is true and complete to the best of my knowledge and belief and hereby undertake to notify the Superintendent of Insurance in writing of any material change.
- I agree that by signing this application I accept responsibility for these answers and undertakings.
- I understand and will comply with the laws governing the licence I am applying for in Prince Edward Island.

Signature of Applicant	Date Y Y Y Y	M M	D D
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## Supervision Undertaking

Pursuant to *Section 4 of the Insurance Adjusters Regulations*

I, \_\_\_\_\_ (the supervising licensee), being the holder of a full adjusters license under the *Insurance Act R.S.P.E.I. 1988, Cap. I-4*, undertake to supervise \_\_\_\_\_ (the probationary licensee) during the term of his or her probationary license. I agree to review and countersign all claim reports or settlement offers completed or submitted by the probationary licensee.

I, \_\_\_\_\_ (the probationary licensee) acknowledge that

- (a) I may act as an adjuster only under the supervision of the supervising licensee named above; and
- (b) the supervising licensee must review and countersign all claim reports or settlement offers I complete or submit.

If this agreement is terminated by either party, the probationary licensee and the supervising licensee must immediately provide written notice of the termination and the reason for it to the Superintendent of Insurance.

\_\_\_\_\_  
Full licensee  
(Please sign and print name)

\_\_\_\_\_  
Probationary licensee  
(Please sign and print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **Adjuster Licensing Information**

We issue two types of licenses, Probationary and Full. Licenses are for a two year term, except for the initial Probationary license which is issued for a one year term.

A non-resident applicant, licensed by their home jurisdiction, must provide a letter of good standing from that jurisdiction.

An applicant applying for a Full license, who does not hold a Full license in their home jurisdiction, must provide a transcript which demonstrates they meet the requirement for a Full license as outlined below.

A Probationary licensee must be supervised by a Full licensee. The Full licensee must work out of the same location as the Probationary licensee. They must review and countersign all claims reports and settlement offers completed or submitted by the Probationary licensee. A Supervision Undertaking detailing this relationship must be signed by both the supervising Full adjuster and the Probationary adjuster.

A Probationary adjuster must complete C11 (or C81 and C82 as an equivalent) of the Insurance Institute of Canada syllabus during their initial year of being licensed. In order to obtain a full license a Probationary licensee must have two years practical experience and complete eight courses from the syllabus within five years. There are five mandatory course which are C11, C14, C32, C110 and C111. Completion of C81 and C82 in lieu of C11 constitutes one course for the purpose of obtaining the eight required.

Fees are \$200 for a two year term and \$100 for the one year term which is only available for the initial Probationary license. Fees are payable to the Minister of Finance PEI.