



Fee	Application for	Previous licence number	Complete Sections
\$200	Insurance Adjuster's Corporation Licence <input type="radio"/> New <input type="radio"/> Renewal <input type="radio"/> Reinstatement		A-B-D-E-F
\$200	Insurance Adjuster's Partnership Licence <input type="radio"/> New <input type="radio"/> Renewal <input type="radio"/> Reinstatement		A-C-D-E-F
No Fee	Name Change or Add Trade Name (Corporation) <input type="checkbox"/>		A-B-F
No Fee	Name Change or Add Trade Name (Partnership) <input type="checkbox"/>		A-C-F

### For FSRA Use Only

<b>Licence No:</b> _____ <b>Date Issued (yyyy/mm/dd):</b> _____ <b>Expiry Date (yyyy/mm/dd):</b> _____ <b>Approved By:</b> _____ <input type="radio"/> Attachment <input type="radio"/> Fee Payment	
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### Part A: Identification Information – All Applicants

Personal information requested on this Application is collected under the authority of the *Insurance Act, R.S.O. 1990, C.I.8, as amended*. This information will be used to determine if an applicant is qualified to have a licence issued or renewed. Pursuant to the *Freedom of Information and Protection of Privacy Act, 1990*, the personal information requested will be used to verify the information supplied from any source which may have information pertinent to the information provided. Any questions about this collection may be directed to [contactcentre@fsrao.ca](mailto:contactcentre@fsrao.ca), Attention: Manager, Business Support Services Unit.

Application on behalf of

Name under which business will be operated (if different from "Application on behalf of" - attach Master Business Licence)	Expiry Date of Master Business Licence (yyyy/mm/dd)
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### Mailing Address

Unit Number	Street Number	Street Name
City/Town	Province	Postal Code
Telephone Number ext.	Fax Number	Email Address
Contact Name	Position	

**New Corporate Applicants:**

- (a) Articles of Incorporation
- (b) Certificate of Incorporation
- (c) For entities incorporated outside of Ontario, including federally incorporated entities, provide your Ontario Business Registration showing the Ontario Corporation Number (OCN)

**New Partnership Applicants:**

- (a) Partnership Agreement
- (b) Master Business Licence

**New/Renewal Applicants:**

- (a) Attach any related amendments made to applicable Articles or Registration

**Reinstatement Applicants:**

- (a) For Reinstatement of a Partnership Licence: provide same documents as required for New Partnership Applicants
- (b) For Reinstatement of a Corporate Licence: provide same documents as required for New Corporate Applicants

**Name Change Only:**

- (a) Articles of Amendment for Incorporation reflecting Name Change

**Add Trade Name:**

- (a) Master Business Licence reflecting Trade Name

1. This application consists of six parts, Parts A to F.
2. If you have any questions you may contact the Financial Services Regulatory Authority of Ontario at (416) 250-7250 or (1-800) 668-0128. You may also obtain information at our Internet address of [www.fsrao.ca](http://www.fsrao.ca) or by writing the (FSRA), Market Conduct Division, Licensing Compliance Unit, 5160 Yonge Street, 16th floor, Toronto, Ontario, M2N 6L9 or by emailing [contactcentre@fsrao.ca](mailto:contactcentre@fsrao.ca).
3. Incomplete applications - those that are missing any of the items listed - will be returned without processing.
  - Responses to all required parts and questions
  - Relevant attachments and supporting documents
  - Required signatures
  - Required fee - make all cheques and money orders payable to the "Financial Services Regulatory Authority of Ontario" or "FSRA"

Please be aware, that the deposit of a cheque or money order does not automatically mean that the corporation/partnership is licensed. Following good management practices, all cheques are deposited on receipt (As per Fee Rule, we do not issue refunds).

**4. It is your responsibility to ensure that your licence is always in force.**

Providing false, misleading or incomplete information on this application and/or any attachments may be sufficient grounds to reject the application, revoke a licence, or result in prosecution.

## Part B: For Corporations

### Head Office Address

Unit Number	Street Number	Street Name	
City/Town		Province	Postal Code
Telephone Number		Fax Number	
ext.			

Please provide the name of one person and the **current Ontario licence number**, who may act in the name and on behalf of the corporation carrying on the business of insurance adjusting in Ontario.

Name	Licence Number	Expiry Date (yyyy/mm/dd)
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If insufficient space, please attach additional sheet.

Date of Incorporation (yyyy/mm/dd)	Jurisdiction
	<input type="radio"/> Ontario <input type="radio"/> Other, specify _____

List all Shareholders/Officers/Directors (Individual or Corporate) (Select all applicable)	Resident of Canada	Address	Occupation of Shareholder/ Director/Officer
<input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer Name	<input type="radio"/> Yes <input type="radio"/> No		
<input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer Name	<input type="radio"/> Yes <input type="radio"/> No		
<input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Officer Name	<input type="radio"/> Yes <input type="radio"/> No		

## Part C: For Partnerships

Please provide the names of all partners and their **current Ontario licence numbers**, who may act in the name and on behalf of the partnership carrying on the business of insurance adjusting in Ontario.

Date of Registration (yyyy/mm/dd)	Jurisdiction
	<input type="radio"/> Ontario <input type="radio"/> Other, specify _____

Name	Licence Number (if applicable)	Expiry Date (yyyy/mm/dd)

**Part D: All Applicants**

Is the corporation/partnership engaged in any business other than insurance adjusting?

- Yes
- No

Percentage of Time to Insurance

If yes, state the name and nature of business

List any other licences held in the legal name of the corporation/partnership, along with corresponding licence number:

Licence held	Licence Number

Attach separate sheet if additional space required.

**Part E: All Applicants**

Please indicate the class/classes of insurance for which the corporation/partnership will act as an adjuster:

- Automobile
- Other
- Property
- All Classes
- Liability
- Restricted To: \_\_\_\_\_

Will the adjusting corporation/partnership act on behalf of:

- the Company
- the Public

**Part F: All Affidavit**

On behalf of the applicant, I, the undersigned, do hereby state:

1. The statements, declarations and answers to the questions in this application, including attachments, are true, correct and complete.
2. I am familiar with the laws of Ontario relating to the licensing of insurance adjuster corporations/partnerships and promise to abide by these laws and regulations.
3. The corporation/partnership will hold itself out publicly and carry on business in good faith as an insurance adjuster corporation/partnership only in the name in which the company is licensed.
4. I understand that any licence issued may be revoked if there is a misstatement in this application.
5. The corporation/partnership is legally entitled to carry on business in Canada and has made all the required provincial and federal government regulatory filings to ensure the ongoing registration of the corporation/partnership.
6. As a licensed insurance adjuster corporation/partnership, it will not offer inducement or use coercion or undue influence in order to control, direct or secure insurance business.
7. The applicant will not act as an insurance adjuster corporation/partnership until a licence is issued.

Signature of Applicant (Sworn if necessary)

Date (yyyy/mm/dd)