



LICENSING LINK USAGE AGREEMENT

Access to and use of Licensing Link is restricted to duly authorized staff of the Insurer. The Insurer, through its Authorized Coordinator, agrees and acknowledges that access to and use of the System is restricted to the Authorized Coordinator and duly Approved Users, if any, as authorized by the Insurer.

Please provide the following information for the Coordinator (please print clearly):

Part 1: Coordinator Information (To be completed by the applicant)

Last name First name Company Licensing Link Number

Title

Company

Street address

City

Province

Postal Code

Telephone number

Ext.

Fax number

E-mail

Signature of Applicant

Date (yyyy-mm-dd)

Part 2: Responsibilities of the Insurer

A Corporate Signing Officer of the Insurer will advise, by e-mail, the Manager, Licensing and Registration Processing at FSCO, immediately, of the appointment of a new Coordinator. Such advice will be confirmed in writing within 5 business days.

A Corporate Signing Officer of the Insurer will advise the Senior Manager, Licensing at FSCO, in writing, of any proposed merger or amalgamation which would result in a change of the Coordinator prior to the change.

Part 3: Responsibilities of the Coordinator

The Coordinator is responsible for the integrity and maintenance of their own password and the Insurer's corporate password required to access the System. He/she will change his/her personal password and the initial corporate password upon the first access to the System and at any other times necessary for security purposes.

The Coordinator is responsible for implementing and exercising security precautions to control access to and use of the System and password protection. He/she will do so with at least the same degree of care and to the same standards as exercised by the Insurer for the Insurer's own confidential and proprietary information.

The Coordinator shall make certain that only he/she and the Insurer's Approved User/s, if any, will be permitted access to and use of the System.

In the event that the Coordinator becomes aware of any unauthorized access to the System, the Coordinator shall promptly notify FSCO's Manager, Licensing and Registration Processing of the fact. Once so notified, FSCO's Manager, Licensing and Registration Processing shall discontinue the Insurer's access to the System until security is re-established by the Coordinator to the satisfaction of both FSCO and the Coordinator.

The Coordinator will be responsible for approving all data entered by him/her or by Approved Users, if any.

The Coordinator will provide FSCO with a Directory of Approved Users, if any, and will notify, by e-mail, the Manager, Licensing and Registration Processing at FSCO, immediately, of any requested additions to the staff listed in the Directory in order to obtain the required password for system access.

The Coordinator will, immediately, notify the Manager, Licensing and Registration Processing at FSCO of any deletions to the Directory of Approved Users, by e-mail, in order that access can be discontinued.

The Coordinator is the central contact for the Insurer on any and all matters related to the Directory.

Part 4: Approved Users

Each Approved User, if any, will be issued a password for his/her exclusive use. The Coordinator will ensure that the Approved User changes this password upon the first access to the system by the Approved User.

Part 5: Indemnity

The Insurer agrees to indemnify FSCO against any and all losses, claims or damages that any person may incur or suffer because of unauthorized access to the System, as a result of any negligence or other fault of the Insurer, its employees, agents or contractors.

For More Information:

Licensing and Registration
Licensing & Market Conduct Division
Financial Services Commission of Ontario
5160 Yonge Street
4th Floor, Box 85
Toronto ON M2N 6L9

Telephone: 416 250-9209
Toll Free: 1-800 263-0541
Fax: 416 590-7070
Website: www.fSCO.gov.on.ca
E-mail: Elicence@fSCO.gov.on.ca

Corporate Signing Officer

Last Name	First Name	Title
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Signature of Corporate Signing Officer

Date (yyyy-mm-dd)