



General and/or Adjusters Examination Registration Form
Suite 466 - 167 Lombard Avenue, Winnipeg, Manitoba R3B 0T6
Tel: (204) 988-6800 contactus@icm.mb.ca www.icm.mb.ca

Please Type or Print. Original application required.

CIPR #: _____

Name: Mr./Mrs./Ms. _____ Date of Birth: _____

Address: _____

Email address for confirmation of exam registration: _____

Phone Number(s): _____
Home Phone Cell Phone

Choose exam to be written (choose only one):

- General Insurance Exam (Level 1, 2, 3)
Insurance Adjusters Exam (Level 1, 2, 3, 4)

Attach the non-refundable exam sitting fee of \$110.00 paid by cash, money order, company cheque or certified personal cheque. Credit cards and debit are not accepted.

Have you written this exam previously in Manitoba or any other jurisdiction(s)? Yes No

If yes, (a) where (b) when
(a) where (b) when
(a) where (b) when

Rewrite Rules:

General Insurance Agents:

- Pursuant to Section 2(7) of the Regulation 389/87 R, an applicant is not entitled to more than three (3) examinations in any six (6) month period.

Insurance Adjusters:

- Pursuant to Section 9 of Insurance Adjusters Licensing Rules, an applicant is not entitled to more than three examinations (3) in any twelve (12) month period.

This completed form, full payment, and copy of government issued photo ID are required before an exam can be arranged.

Council will contact you to schedule your exam when all requirements have been met. The exam must be written within thirty (30) days of submitting the registration form to the ICM office.

CANDIDATE SIGNATURE: _____ Date: _____