



Application for a Hail Insurance Agent or Adjuster Licence
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. Incomplete applications will be returned.

PART 1: [ ] Hail Agent [ ] Hail Adjuster

\$90 annual licence fee must accompany application (payable to the ICM)
\$70 fee required when reinstating or amending (payable to the ICM)

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name in which the business is to be carried on and licence issued: \_\_\_\_\_

NOTE: A copy of the Articles of Incorporation or Business Name Registration must accompany this application.

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address to receive Council Correspondence: \_\_\_\_\_

3. Home Address: \_\_\_\_\_ Tel: \_\_\_\_\_

4. Do you hold or have you held an insurance agent or adjuster licence in this or any other jurisdiction? [ ] yes [ ] no

If yes, please provide details: \_\_\_\_\_

5. Have you been denied a licence as an insurance agent or adjuster or had a licence cancelled? [ ] yes [ ] no

If yes, please provide details: \_\_\_\_\_

I confirm that all information provided on this Application is accurate.

(Applicable to Hail Insurance Agents only): I hereby declare that I will maintain professional liability insurance coverage as required under section 371(1.1) of The Insurance Act of Manitoba and section 15 of the Insurance Agents and Adjusters Regulation. A copy of the coverage is attached.

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Applicant

PART 2: AUTHORIZATION OF SPONSORING COMPANY / MANAGING HAIL AGENCY

It is understood, that if and when this agent or adjuster is terminated, I will advise the Insurance Council of Manitoba (ICM) in writing, together with the reason and date for the termination.

\_\_\_\_\_
Name of Insurance Company / Managing Hail Agency

\_\_\_\_\_
Date

\_\_\_\_\_
Authorized Signature

\_\_\_\_\_
Printed Name of Authorized Signature

The information being collected on the form entitled Application for a Hail Insurance Agent or Adjuster Licence is collected pursuant to The Insurance Act of Manitoba and will be used pursuant to the Act. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the ICM office at 466-167 Lombard Avenue, Winnipeg, Manitoba R3B 0T6 (204) 988-6800 or contactus@icm.mb.ca.