

ADJUSTING FIRM ATTESTATION FORM Level Five (5) Independent Adjuster (Designated Representative)

The Level Five (5) Adjuster Designated Representative must complete and return this form to the ICM office at licensing@icm.mb.ca prior to licence renewal. Failure to return the fully completed form will result in the licence holder(s) and adjusters licensed within the firm not being able to renew the licence(s).

ATTESTATION:

I attest to the fact that as the Designated Representative, I have reviewed the list of licensees for the adjusting firm as listed on the ICM website - [link to searchable listing](#).

I understand that I am required:

- to implement reasonable screening procedures to determine an applicant’s suitability to receive an insurance adjuster licence;
- to submit an application for a new employee and to ensure that a valid licence has been **issued by the Insurance Council of Manitoba prior to** that applicant acting as an adjuster;
- to ensure that no employee, director or partner who is not licensed acts as an insurance adjuster;
- to ensure that proper and adequate supervision of employees is provided at all times (refer to the [Licensing Rules](#) and [Code of Conduct](#)) by a Manitoba licensed Level 4 Insurance Adjuster;
- to ensure that proper and adequate management of each office (head office and any branch offices) have a Manitoba licensed Level 4 or 5 Insurance Adjuster managing the office;
- to **immediately** notify the ICM in writing, at any time during the licensing year, if a licence holder leaves the Adjusting Firm, providing the reason and effective date of termination. Use of the [ICM’s Termination Form](#) is encouraged;
- to **immediately** notify the ICM in writing of any change of Designated Representative;
- to ensure compliance with *The Insurance Act* of Manitoba, its Regulations, its Rules and the Code of Conduct;
- to ensure that errors and omissions (E&O) insurance is maintained in accordance with the Regulations;
- to ensure that every adjuster licensed with the firm is covered under the firm’s E&O insurance, regardless if they are an independent contractor or an employee;
- to ensure that errors and omissions insurance is kept current in the [ICM Licensing Portal](#) (NOTE: failure to keep the E&O current within the online system would result in the licences affiliated with the adjusting firm being disqualified – [refer to the information on the ICM website](#) for details);
- to report any material changes to the ICM within 15 days (Council considers a material change to include **any** material fact which may influence Council to amend, or review a licensee’s licence(s). Refer to the [Material Changes - When to Disclose them to the ICM](#) available on the ICM website; and
- to ensure that the adjusting firm, and/or its licensees, does/do not represent or hold themselves out to the public in any other name than is stated on the licence, **which would include all social media references, email signatures, letterhead, business cards, signage**, etc.

OFFICE LOCATIONS – this section is required to be completed:

Provide a list of all office locations with Manitoba licence holders, along with the name of each Level 4 or 5 Manitoba licensee providing supervision for that office:

<u>Office Location</u>	<u>Manitoba licensed Level 4 or 5 providing supervision</u>

List Full Adjusting Firm Name: _____

I confirm that all licensed adjusters conduct business solely under the above listed name(s). I further confirm that prior to acting within the definition of an adjuster and/or conducting business under any other legal and/or trade name, **including shortened versions of the name(s)**, the licence(s) must immediately be amended with the ICM.

I further confirm that I will inform the Council in writing without delay of any change to my Designated Representative status.

RECOMMENDATION:

To the best of my knowledge, information and belief, all employees who engage in any licensed activity are licensed, and are trustworthy and competent to receive a renewal licence. Based on their current licence level, I recommend that these adjusters be granted a renewal licence to act for the above noted Adjusting Firm.

Printed Name of Level Five (5) Adjuster Designated Representative

User ID

Signature of Level Five (5) Adjuster Designated Representative

Date

**The Level Five (5) Adjuster Designated Representative MUST complete all five (5) pieces of this form before returning it to the ICM office. The full name of the firm must be listed, along with the printed name and signature of the Level Five (5) Adjuster Designated Representative, their User ID and Date signed.*