

Form 7R Application for an Insurance Adjuster's Licence (Renewal)

Office of the Superintendent of Insurance Department of Finance, Government of Nunavut 2nd floor Parnaivik Building, 924 Mivvik Street P.O. Box 2260, Iqaluit, Nunavut, XOA 0H0

	TO: The Supe	rintendent of insurance of Nur	avut			OSINU-07R-201307		
	I apply for a licence	to carry on the business of an i	nsurance adjuster in I	Nunavut, and subm	it the following stater	ments:		
1)	Name of applicant							
	Residence address							
	How long have you	resided in this location?						
2)	Business address							
	Business Phone		Fax	E-mail				
3)	The applicant is a:	Sole proprietorship	Partne	rship	Corporation			
4)	Please give full particulars below of the applicant. If a partnership, given the particulars for each partner. If a corporation, given the particulars of each officer.							
	Full Name			Residence Address				
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5)	Is the applicant engaged in any business other than that of an adjuster? Yes If yes:					No		
	what percentage of the applicant't time is devoted to the business of an adjuster?							
	what is the applicant's main occupation or business apart from that of an adjuster?							
	Dated at		on	,	20			
				(Sig	nature of applicant)			

STATUTORY DECLARATION

(By sole proprietor, or by one of the partners or officers, as the case may be)

·	, of		do solemly declare:	
at I am				
	(sole proprietor, or, if an of	ficial, indicate office	held)	
f				
	that the statements contained in the applic ously believing it to be true and knowing the vidence Act.			
ECLARED before me at		on		
	(Place)	<u> </u>	(Date)	
		(sig	nature of applicant)	
		(Commissioner for Oaths / Notary of Public)		
	REFERENCE			
ne following statement shall l	be signed by three persons resident in Nuna	avut (for residents of	the territory only):	
e know the applicant to be clicence to act as an insuranc	competent and trustworthy and of sufficient each	experience to receive	e from the Superintendent of Insuranc	
	Address	_	Occupation	
Name				
Name	Address		Occupation	
	AddressAddress		Occupation	
Name		FOR OFFICIAL USE	Occupation	
Name		Licen Approv	Occupation	