



OTHER EMPLOYMENT OR BUSINESS ACTIVITY IN ADDITION TO INSURANCE

New and existing applicants who wish to apply for permission to engage in other employment or a business activity in addition to being licensed as an insurance agent must complete this form.

APPLICANT INFORMATION

Full Name:		
Home Address:		
City:	Province:	Postal Code:
Phone: ()	Email:	

INSURANCE AGENCY/CORPORATION INFORMATION

Agency/Corporation:		
Address:		
City:	Province:	Postal Code:

OTHER EMPLOYMENT OR BUSINESS ACTIVITY INFORMATION

Employer or Business Name:		
Address:		
City:	Province:	Postal Code:
Nature of Business:		

Check one of the following categories and answer the applicable questions.

<input type="checkbox"/> Employee		
Position:	Start Date:	
Average number of worked hours per week:	hr/week	<input type="checkbox"/> full-time <input type="checkbox"/> part-time
Do you hold a supervisory / management position:	<input type="checkbox"/> yes <input type="checkbox"/> no	
Is your employer:	<input type="checkbox"/> privately owned <input type="checkbox"/> government <input type="checkbox"/> other	
Is your employer aware that you hold or will hold an insurance licence:	<input type="checkbox"/> yes <input type="checkbox"/> no	
Description of your duties / responsibilities (if additional space is required attach blank sheet):		

<input type="checkbox"/> Owner / Co-Owner / Investor		
Percentage of ownership:	%	or <input type="checkbox"/> Investor
Start Date:		
Average number of hours involved in business per week:		
Do you manage the business or does someone else manage it:		
Description of your involvement in the business (if additional space is required attach blank sheet):		

APPLICANT SIGNATURE

I, the undersigned, say that the statements, declarations and answers to the questions in this form are true, correct and complete.

Applicant Signature:	Date:
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NOTICE COLLECTION AND USE OF PERSONAL INFORMATION

The personal information required in this application is collected by the Superintendent of Insurance (the "Superintendent") on behalf of the Financial and Consumer Services Commission (the "Commission") under the authority granted under the *Insurance Act*, and the *Financial and Consumer Services Commission Act* (collectively the "Acts") for the purpose of the administration and enforcement of financial and consumer services legislation, as that term is defined in the *Financial and Consumer Services Commission Act*. You acknowledge that the Commission may share the information contained in your application with regulating authorities and law enforcement agencies in other jurisdictions, and such information may be used in determining your status in other jurisdictions where you are licensed or are applying for license.

Your personal information will be securely maintained by FCNB and will not be disseminated to third parties or the public, without your consent, other than as may be required by the *Right to Information and Protection of Privacy Act* or as otherwise permitted by applicable law.

If you have any questions regarding the collection of your personal information please contact the General Counsel Privacy Designate with the Financial and Consumer Services Commission, by mail at 85 Charlotte Street, Saint John, NB E2L 2J2 or by telephone at 1-866-933-2222.

By submitting this application, the Applicant confirms that it has authorized the direct and indirect collection as well as the verification of personal information contained in this application by the Commission. The Applicant agrees that the verification process may include the utilization of personal information to conduct a criminal record check and a credit inquiry. The Commission may also review any police records, records from other government or non-governmental regulators, credit records and employment records about the Applicant that the Commission may need to complete its review of the information submitted in this application. The purpose of the information collection is for evaluating the application for renewal, or approval, of a licence and if applicable, for ensuring that the Applicant continues to meet applicable legislative requirements. The Commission may contact government and private bodies or agencies, individuals, corporations and other organizations for information about the Applicant.