

## Application for Surrender of an Insurance Agent Licence

Approved by the Superintendent of Financial Services pursuant to the  
*Insurance Act*

### Instructions

This form is to be completed by an insurance agent who wishes to apply for permission to surrender his or her licence to the Superintendent of Financial Services (“the Superintendent”) in accordance with Insurance Act (“the Act”), Section 392.7 (1&2).

The completed and signed application should be sent to the Financial Services Regulatory Authority of Ontario (FSRA) by mail to the Licensing Branch at 25 Sheppard Avenue West, Suite 100, Toronto, ON , M2N 6S6, or a scanned copy by email to [contactcentre@fsrao.ca](mailto:contactcentre@fsrao.ca).

FSRA will review the form and will either contact you for clarification or further information or forward to the Superintendent for approval. If the Superintendent approves the surrender of your licence, a confirmation will be issued to you via email.

Please be advised that your licence remains valid and in force until such time as the FSRA is in receipt of this completed and signed Surrender of Insurance Agent Licence form and the Superintendent has approved the surrender of the licence. Until the Superintendent has approved the surrender, you are still required to comply with all requirements of the *Insurance Act* and its Regulations including, for holders of a life insurance licence, the requirement to maintain continuous errors and omissions insurance as required by section 13 of Regulation 347/04 of the Act.

In relation to my insurance agent licence for:  Life  A&S Only  General

Agent First Name

Agent Last Name

Agent Corporate/Partnership Licence Number

Expiry Date (yyyy/mm/dd)

Agent Licence Number

Expiry Date (yyyy/mm/dd)

### Mailing Address

Unit Number

Street Number

Street Name

City/Town

Province

Postal Code

Telephone Number

Fax Number

Email Address

### I declare that:

1. I am surrendering my insurance agent licence for the following reason(s):  
(Select one or more reasons, as applicable)

No insurance business was ever conducted

I have retired from the insurance business Effective Date (yyyy/mm/dd) \_\_\_\_\_

I do not require a licence, as I will not conduct insurance business in the future

Other Specify, if applicable \_\_\_\_\_

2. Except for any circumstances in which a client has specifically requested that I do so, I have not retained the personal information of any clients and I will not use any such information for any purpose or release that information to any person or institution, except as required by Law.

3. With the exception of printed materials currently in circulation, within five (5) days of the acceptance of this surrender, I will remove and/or destroy all public relations materials which identify me as an agent.

4. Public relations materials currently in circulation were in accordance with the Act and its Regulations at the time they were created and distributed, and they contain no false, misleading or deceptive information.

5. Are you currently subject to any investigation by FSRA or any other regulatory body?

Yes     No

If yes, explain.

6. I have not committed an act or omission that could be considered an Unfair or Deceptive Act or Practice under Regulation 7/00 of the Act, with the exception of the following:

7. Do you have any outstanding fees, charges, notices of proposal or penalties payable under the Act?

Yes     No

If yes, explain.

8. Please include any additional information deemed relevant to this request to surrender your licence.

9. Applicable for Life Agents and Life Corporation/Partnerships Only

a. The expiry date of my most recent E&O policy is (yyyy/mm/dd) \_\_\_\_\_

b. Last date on which business was conducted was (yyyy/mm/dd) \_\_\_\_\_

10. Applicable for General and A&S only Agents and General and A&S only Corporation/Partnerships

a. Last date on which business was conducted was (yyyy/mm/dd) \_\_\_\_\_

11. Applicable for individual Life, General and A&S only Agents

- I understand that I have two (2) years from the date the surrender was approved, or the date of the sponsorship's termination (whichever comes first) to re-apply for a licence without having to re-qualify.

## Declaration

I wish to surrender the above-noted licence to the Superintendent and do hereby make the following Declaration in support of my request to surrender my licence and state that the information in this Declaration is true, accurate and complete.

I understand that providing false, misleading or incomplete information on this Declaration and any attachment is an offence under the Act and may result in prosecution or regulatory sanctions.

Full Legal Name of Agent/Corporation/Partnership

Applicant Name	Signature	Date (yyyy/mm/dd)
Name	By Delegated Authority from the Superintendent of Financial Services, Financial Services Commission of Ontario	Date (yyyy/mm/dd)