

General Information and Instructions

New and Renewal Application Fees:

Fee for each new or renewal licence: Corporation \$400.00 - Partnership \$200.00

Please note, fees are subject to change. An application is only considered complete if all applicable sections are completed and all documents are received. Making a payment does not mean your licence has been issued. Incomplete applications that are missing any of the items listed below will not be processed:

New/ Renewal Application Document Checklist:

- Certificate and Articles of Incorporation or Partnership Agreement (new applications only)
- Master Business Licence (for operating name if applicable)
- Corporate E&O certificate (including fraudulent acts coverage) in the legal name
- Sponsor Attestation page (section E) for General and A&S Only corporations
- Proof of Ontario business registration (incorporated federally or in another province) also known as Ontario Corporation Number
- Payment (use the [Online Services Portal](#) to pay your fee. We accept Visa or Mastercard and some debit cards)

Non-resident Additional Documents Checklist:

- Proof of Ontario business registration (incorporated federally or in another province) also known as Ontario Corporation Number
- Ontario mailing address required (see section 4(1)(l) of Ontario Regulation 347/04)

Sponsorship Changes:

No fee for transfer of Sponsor - Use the [Online Services Portal](#) to submit your application.

A Corporate/Partnership agent (General (OTL) and A&S Only) may change the insurer sponsoring the licence between renewal periods. Corporate Life Insurance Licenses do not require sponsorship.

Name and Address Changes:

No fee for Name Change

- Sections A and F of application form
- Articles of Amendment
- E&O insurance certificate reflecting new name
- New Master Business Licence (if applicable)

* No Fee for adding or removing an operating as name (trade name)

Email ellicence@fsrao.ca with scanned copy of Master Business licence/Name Registration to add operating as/trade name.

No Fee for Address Change

- Sections A and F of application form or a letter signed by authorized officer on company letterhead or an email to ellicence@fsrao.ca from the designated agent or authorized officer/director
- Must be submitted within 30 days

Contact Information:

If you have questions about this application you may contact FSRA by phoning 416-250-9209 or toll free at 1-800-263-0541 between 8:00 a.m. and 5:00 p.m. Monday to Friday.

Direct your licensing inquiries to: ellicence@fsrao.ca

FSRA's mailing address is:

Market Conduct
Financial Services Regulatory Authority
of Ontario
5160 Yonge Street, 16th Floor
Toronto, ON M2N 6L9

Please note:

It is your responsibility to ensure that your licence is renewed and always current.

Soliciting, negotiating or transmitting insurance products while unlicensed constitutes a breach of the Insurance Act and may result in disciplinary action which may include prosecution.

A licensed Corporate/Partnership cannot sell insurance products unless there is an Ontario Licensed Agent who is acting on its behalf.

Date and Time Received	For FSRA use only	FSRA Cashier's Stamp
	Licence #	
	Date Issued (yyyy-mm-dd)	
	Date Expires (yyyy-mm-dd)	
	<input type="checkbox"/> Attachments <input type="checkbox"/> Fee Payment	
	Reviewed by - Signature	

I am applying for:	Licence Type:	Insurance Class:
<input type="radio"/> New <input type="radio"/> Renewal <input type="radio"/> Name/Address change only <input type="radio"/> Sponsor change only	<input type="radio"/> Insurance Agent Corporation Complete sections A B D (E-OTL-A&S) F (\$400 fee) <input type="radio"/> Insurance Agent Partnership Complete sections A C D (E-OTL-A&S) F (\$200 fee)	<input type="radio"/> Life <input type="radio"/> General (OTL) <input type="radio"/> A & S only

PRINT ALL SECTIONS CLEARLY

Section A: Identification Information

Corporation/Partnership Name (required):

Ontario Corporate Licence # (if applicable): Expiry Date (yyyy-mm-dd)

Business Operational Name if different from above (attach Ontario business registration).

BIN #

Business Address Information (required)

Street Address (required)

Suite

City/Town (required)

Province/Territory (required)

Postal code (required)

Business Telephone (required) ext.

Business Fax (required)

Business E-mail (required)

Ontario Mailing Address (required if business address is not in Ontario)

☐ Check if the Ontario mailing address is the same as the above business address

The Ontario Insurance Act Regulation 347/04 requires that all agents provide FSRA with a mailing address in Ontario, that is not a post office box and that is suitable to permit service by registered mail. Please note that your Ontario mailing address is considered public information.

Section A (continued) Ontario Mailing Address (required if business address is not in Ontario)

Street Address

Suite

City/Town

Province

Postal code

Telephone Number

ext.

Fax

Business E-mail

Section B: Corporate Officer/Director Information

Officer Director

Name

Address

Ontario Agent Licence #
(if applicable)☐☐☐☐☐☐**Section C: Partnerships**

At least one partner in a partnership must hold a valid Ontario Insurance Agent's Licence. Please provide the names of all partners and their current Ontario licence numbers (if applicable), who may act in the name and on behalf of the partnership carrying on the business of insurance in Ontario.

Name of Partner (Agent/Agency)

Ontario Licence #

Expiry Date (yyyy-mm-dd)

Section D: Other Business/Licences

Is the corporation/partnership engaged in any business other than insurance? ☐ Yes ☐ No

If yes, state the nature of the business below.

Nature of Business

Licence #
(if applicable)

Section E: Notice of Appointment/Transfer of Sponsorship for Corporate/Partnership Agent

Note: This section only applies to agencies/partnerships that are selling GENERAL or A&S only Insurance.

NOT APPLICABLE FOR LIFE agencies/partnerships

To be completed by the licensed insurer that is sponsoring the corporate/partnership agent.

Please Print Applicant's Name:

Is hereby authorized in writing to act as a corporate/partnership agent for

Name of Insurer:

The sponsoring company has investigated the record of the applicant, as required by FSRA, and confirms the following:

- the principals of the corporation/partnership are of good character and reputation;
- the corporation/partnership has the experience that is appropriate to the responsibilities of an agent of the company, and
- the corporation/partnership is in all respects a suitable corporation/partnership to receive a licence.
- the corporation/partnership is not engaged in any business that would jeopardize its integrity, independence or competence as an agent.

The Above Applicant will not act a Corporate/Partnership Agent until a licence is issued.

If the sponsoring insurer terminates the sponsorship of this corporate/partnership agent, the company must provide written notice to FSRA, Attention: Market Conduct, within 30 days of such termination, together with the reasons for the termination, in accordance with Section 393(6) of the Insurance Act. An insurer who fails to do so is guilty of an offence.

Sponsoring insurer information (complete all parts)

Authorized Officer (Print Name)

Signature

Title

Phone Number

Fax

E-mail Address

Date (yyyy-mm-dd)

Section F: Declaration

On behalf of the applicant, I the undersigned, do hereby state:

- I am familiar with the laws of Ontario relating to the licensing of insurance corporations/partnerships and promise to abide by these laws and regulations.
- The corporation/partnership will hold itself out publicly and carry on business in good faith as an insurance corporation/partnership only in the name in which the company is licensed.
- I understand that any licence issued may be revoked if there is a misstatement in this application.
- The corporation/partnership is legally entitled to carry on business in Canada and has made all the required provincial and federal government regulatory filings to ensure the ongoing registration of the corporation/partnership.

Note: Life Insurance corporations/partnerships are required to maintain errors and omissions insurance in an amount of at least \$1 million in respect of any one occurrence, with extended coverage for loss resulting from fraudulent acts.

Errors and Omissions (E&O) insurance must be in the corporation/partnership name and be maintained throughout the term of the licence.

Please indicate below how the insurance is provided by selecting one of the following options:

☐ Sponsoring Company ☐ E&O Insurance Company ☐ Other Program (give details below)

Name of provider of E&O insurance coverage (Must be in the corporation/partnership name):

E&O policy number and/or Certificate Number:

Expiry Date (yyyy-mm-dd)

Please include a copy of your Corporate E&O certificate (including fraudulent acts coverage) in the legal name.

Please Read Carefully

Personal information requested on this application is collected under the authority of the Insurance Act, R.S.O 1990,C.1.8, as amended. This information will be used to determine if a corporation or/partnership is qualified to have a licence issued or renewed. The information may be disclosed to a sponsoring company, other regulators or law enforcement agencies and can be the subject of an access request under the Freedom of Information and Protection of Privacy Act. If I provide my home address to satisfy the requirements of Ontario Regulation 347/04 for an Ontario mailing address, it may be disclosed under an access request made under the Freedom of Information and Protection of Privacy Act or as information routinely provided to anyone seeking general business information about corporations/partnerships.

Any questions about this collection may be directed to contactcentre@fsrao.ca, Attention: Manager, Business Support Services Unit.

Providing false, misleading or incomplete information in this application and/or any attachment is an offence under the Insurance Act, and doing so may be sufficient grounds to reject the application, revoke a licence, or result in my prosecution. The offence is punishable on conviction, by a maximum fine of \$100,000 for a first conviction and a maximum fine of \$200,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is my responsibility to ensure that the licence, if granted, is always in force. Soliciting, negotiating or transmitting insurance products while unlicensed constitutes a breach of the Insurance Act and may result in disciplinary action which may include prosecution.

Please state below the name of the agent who may act in the name and on behalf of the corporation/partnership carrying on the business of insurance in Ontario and who will be the contact with the regulator. Provide his/her current Ontario licence number.

Agent Name	Ontario Licence #	Expiry date (yyyy-mm-dd)
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Is the above agent the only insurance agent selling on behalf of the corporation/partnership?

☐ Yes ☐ No

If NO, please provide other agents' names/licence numbers

Agent name	Ontario Licence #	Expiry Date (yyyy-mm-dd)
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I hereby declare that the information I have provided is accurate and that all declarations made in this entire application, including attachments, are true, correct and complete.

If you wish to have more than one contact person, please provide the name(s) and Ontario licence(s) numbers (if applicable) on a separate sheet.

Authorized Officer (Print Name)	Signature	Title
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Phone Number	Fax	E-mail Address	Date (yyyy-mm-dd)
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