The Standard Form for Contract or Sponsorship was developed as a tool for use by CLHIA member companies in connection with their screening activities. It is not mandatory to use this form, although the questions it contains are considered to be the minimum amount of information that would be required to properly commence screening.

Insurers who want to minimize any risk of a human rights violation are encouraged to conduct their screening in good faith, consistent with the following recommendations:

1. An insurer should not provide its Standard Form for Contract or Sponsorship to any agent for completion for screening purposes until after the insurer or its representative has met with the agent and conducted a face to face meeting (an "interview").

2. Following the interview, the insurer should not provide the agent with the Standard Form for Contract or Sponsorship for completion if it is not interested in the agent and should so advise the agent.

3. Following the interview, if the insurer is interested in the agent, any offer of contract or sponsorship should be made conditional upon completion of the Standard Form and conditional upon the insurer being satisfied, after investigation, that the applicant is suitable to carry on business as an agent.
**1. General Information**

a) Date: ___________________________

b) Name of applicant: □ Mr. □ Mrs. □ Ms. □ Miss. (firm name if company or partnership)

c) List other business or personal names used in the financial services sector in the last 5 years: (corporation, business style, trade name or partnership)

d1) Are you a(n):
   □ individual agent
   □ corporation: corporate name __________________________
   □ partnership
   If a corporation or partnership, list principals/partners, shareholders __________________________

d2) Quebec Licensees: Are you a(n):
   □ Independent Representative
   □ Representative Attached to a Firm
   □ Name of Firm __________________________
   □ Independent Partnership
   □ Firm __________ Name of Firm __________________________

e) Social Insurance Number: __________

f) Are you legally entitled to work in Canada? ...□ Yes □ No

g) Driver’s License Number: __________

**2. Business address(es) over last 5 years**

**Most recent**
Address: ________________ Apt. No. ______
City: ________________ Province: __________
Postal Code: __________ Phone: ( ) __________
E-mail Address: __________________________

**Previous**
Address: ________________ Apt. No. ______
City: ________________ Province: __________
Postal Code: __________

**3. Home address(es) over last 5 years**

**Most recent**
Address: ________________ Apt. No. ______
City: ________________ Province: __________
Postal Code: __________ Phone: ( ) __________
E-mail Address: __________________________

**Previous**
Address: ________________ Apt. No. ______
City: ________________ Province: __________
Postal Code: __________

**4. Other business affiliations**

a) Do you conduct, or are you associated with, any other business other than those specified in #1 above? ............

b) Are you a partner, officer or director or in a non-arms length relationship with any other business?..... □ Yes □ No

**5. Insurance Companies**

List, in order of total volume, the five insurance companies with which you have placed the most policies in the last 5 years. Indicate the lines of business for each company by a check mark under the corresponding product.

<table>
<thead>
<tr>
<th>Co. Name</th>
<th>Are you still associated with co.?</th>
<th>No. of Yrs</th>
<th>Lines of Business</th>
<th>Persistency For Life Products (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Life</td>
<td>Ann.</td>
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</table>

*Example: disability, health
6. References
For applicants licensed for less than a year please provide three business references. Preferably, one reference must be from a company last transferred/worked:

1. Name & Title: __________________________
   Co. Name: __________________________ Phone: __________

2. Name & Title: __________________________
   Co. Name: __________________________ Phone: __________

3. Name & Title: __________________________
   Co. Name: __________________________ Phone: __________

7. Formal Education and Designations
a) Highest education level attained:
   □ elementary school
   □ secondary school
   □ CEGEP:
     Institution __________________________
   □ university or college:
     degree/diploma __________________________
     Institution __________________________
   □ post graduate:
     degree __________________________
     Institution __________________________

b) Have you taken the LLQP course ................. □ Yes □ No
   □ Full Course
   □ Part A
     ▶ If Part A, have you enrolled in Part B? ......... □ Yes □ No

c) Do you have any of these or other designations?
   Indicate year attained.
   □ FLMI yr. _______ □ RFP yr. _______
   □ CLU yr. _______ □ CFP yr. _______
   □ CHF.C. yr. _______
   Any other Professional Designation(s)
   __________________________ yr. ______
   __________________________ yr. ______
   __________________________ yr. ______

If you are presently working on any of the above mentioned, please list:

________________________________________

8. Personal Profile
If you answer “yes” to any of the following questions, provide a full explanation in section 10.

a) Have you ever been under any legal order to make monetary payments to another person or business entity, including spousal support if registered? ........................................................ □ Yes □ No

b) Have you ever had your wage garnished? ........ □ Yes □ No

   (If yes, specify name of creditor, anticipated duration of debit, existing amount, when debt commenced, repayment schedule, conditions for repayment)

d) Have you ever been declared bankrupt or made a voluntary assignment into bankruptcy, or made a consumer proposal under any legislation relating to bankruptcy or insolvency, or are you currently an undischarged bankrupt or conditionally discharged bankrupt? ........................................ □ Yes □ No

   (If yes, include trustee’s name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy or proposal)

e) Have you ever been a controlling shareholder, or officer of a corporation that was declared bankrupt, or placed in receivership, or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is currently not discharged or conditionally discharged? .......... □ Yes □ No

   (If yes, include trustee’s name and address, location of bankruptcy filing, Assignment of Bankruptcy or Receiving Order, Statement of Affairs, and an explanation as to the circumstances of the bankruptcy, receivership or proposal)
f) Has any partnership or corporation, of which you are or were at the time of such event a partner, officer, director or a controlling shareholder, ever pleaded guilty or been found guilty of an offense under any law of any province, territory, state, or country, or is any such partnership or corporation currently the subject? □ Yes □ No

g) Have you ever pleaded guilty or been found guilty of an offense under any law of any federal statute or law of any other country or state, for which you have not been pardoned, or are you currently the subject of any charges? □ Yes □ No

Some examples of these offences are fraud, theft, weapons charges, drug trafficking, physical assault, impaired driving, tax evasion and human rights violations. You are not required to disclose minor traffic infractions such as speeding or parking violations.

h) Have you ever been refused registration or a license under any legislation which required registration or licensing to deal with the public in any capacity (eg. insurance agent, RIBO broker, mutual funds salesperson, securities dealer, motor vehicle dealer) in any province, territory, state, or country; or have you held such a license and been the subject of a disciplinary proceeding? □ Yes □ No

(If yes, please give details including penalties imposed)

i) Have you ever been disciplined by a financial services regulator? □ Yes □ No

(If yes, give details including penalties imposed)

j) Have you ever been terminated or resigned, or had any contracts cancelled which you held with any financial services company because you were accused of violating insurance or investment related statutes, regulations, rules, or industry standards of business conduct? □ Yes □ No

k) Are you currently, or is there any reason to believe that in the future you will be, under any legal restriction or impediment which would prevent you from lawfully carrying on the business of insurance agent or broker? □ Yes □ No

9. Sponsor Information (if applicable)

a) Current sponsoring Insurance Company name: ____________________________

b) List the names of your sponsoring companies over the last 5 years:

Name: ____________________________ Dates: ________

Name: ____________________________ Dates: ________

Name: ____________________________ Dates: ________

c) Have you changed sponsors in the last 5 years? □ Yes □ No

(If yes, indicate reasons in section 10.)

d) Have you ever been declined sponsorship? □ Yes □ No

(If yes, indicate the reasons for the decline in section 10.)

e) Are you applying to change your sponsor? □ Yes □ No

(If yes, indicate the reasons for the change of sponsorship).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(If yes, please give details including penalties imposed)

f) List the names of your sponsoring companies over the last 5 years:

Name: ____________________________ Dates: ________

Name: ____________________________ Dates: ________

Name: ____________________________ Dates: ________

(If yes, indicate reasons in section 10.)
10. Additional information from previous sections

(Please indicate the question number you are responding to)
The following pages must be answered, signed and submitted with each application for contract:
(Originals only, no photocopies)

11. Insurance Company
   Have you ever submitted business to our company? ................................................................. ☐ Yes ☐ No
   If yes, indicate the name through which this business was submitted ____________________________

12. Licenses/Registrations currently held
   Please attach a copy of your life and/or accident and sickness licence.

<table>
<thead>
<tr>
<th>*Type of License</th>
<th>No. of years held</th>
<th>Any interruptions in licensing? If yes, give details in section 10</th>
<th>License Number</th>
<th>Level (if applicable)</th>
<th>Prov. or Terr.</th>
<th>Expiry/Renewal Date</th>
<th>Sponsor or Dealer</th>
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* Life Insurance; A&S Insurance; Property & Casualty; Mutual Funds; Securities; Mortgage Broker; Real Estate Agent; Full LLQP or restricted LLQP; Other

13. Errors and Omissions Coverage
   a) Do you have Errors and Omissions Coverage? ................................................................. ☐ Yes ☐ No
      (If no, please explain below)

      Please attach a copy of your E&O certificate.

   b) Has any policy or application for errors and omissions insurance on your behalf
      ever been declined, cancelled or renewal refused? ................................................................. ☐ Yes ☐ No
      (If yes, please explain below)

      ____________________________________________________________

      ____________________________________________________________

      ____________________________________________________________

      ____________________________________________________________
14. Declarations

I expressly hereby declare that the information I have provided in this Standard Form for Contract or Sponsorship is complete and accurate in every respect, as of the date of signing.

I agree that the below named company (hereinafter the “Company”) can verify my background information using an independent source concerning my credit record, my business record, my record of criminal convictions, and any other information relevant to my application to and sales relationship with the Company.

I understand and agree that I must execute and deliver the enclosed consent and authorization to the Company.

I agree to notify and provide updated information to the Company within 10 business days, should there be any change in the information provided herein or in my ability to legally continue to sell life insurance and/or accident and sickness insurance.

I understand that a false statement or material omission including a failure to provide updated information may disqualify me from consideration for a contract to sell life insurance and/or accident and sickness insurance as an agent with the Company or result in the subsequent termination for cause of my business relationship with the Company and may cause the Company to report me to an insurance regulator.

Date ____________________________________________ __________________________ Signature of Applicant

I have interviewed the above named Applicant and I am aware of nothing which precludes me from reasonably recommending the Applicant for contract or sponsorship with the below named Company.

Date ____________________________________________ __________________________ Signature of Manager or MGA

Name of Company ________________________________ __________________________ Company Representative
Consent and Authorization

To whom it may concern:

I have applied to the below-named company (the “Organization”) for a contract to sell life insurance and/or accident and sickness insurance as an agent or I am currently under contract to sell life insurance and/or accident and sickness insurance as an agent for the Organization. Part of the contracting process and the ongoing review of my performance, or my agency’s performance, is an investigation of my personal background. These investigations are conducted by the Organization and/or its authorized agent.

I have sold financial services including insurance as principal through the following business styles, trade names, corporation or partnerships (“Listed Entities”)
(leaves blank if none):

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
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<tr>
<td>Name</td>
<td>Date</td>
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I make this authorization on behalf of myself and as authorized representative of the Listed Entities.

I hereby authorize and direct you to release to the Organization information contained in your files concerning my agency, my employment, my business records, my education record, my credit record including records pertaining to the listed entities and/or any other information relevant to a contract to sell life insurance and/or accident and sickness insurance as an agent with the Organization.

On behalf of myself and the Listed Entities, I specifically authorize the Organization to:

• obtain a criminal activity clearance report from any police agency or government; information concerning certificates, licenses and registrations; any information concerning complaints or disciplinary measures from regulators, industry and professional organizations and associations;
• exchange information with any regulator, professional registry or database, insurance company, financial institution, personal information agents or detective and security agencies or organizations whose functions are the prevention, detection or repression of crimes or offenses, market intermediaries, my employer or ex-employer, including all personal information which could be collected through verification of my application for employment or contract and ongoing performance.

I understand that the Organization will establish a file concerning my application or a contract and subsequent performance and that the personal information contained in this file will be consulted by the Organization’s employees and its authorized agents in relation to my contract to sell life insurance and/or accident and sickness insurance as an agent. The file will be kept at the Organization’s offices. I may consult the personal information contained in this file and, if applicable, have it rectified. A photocopy of the present consent has the same value as the original.

Upon request to any professional registry or database established by the industry and holding information about me, I shall be informed of the existence, use and disclosure of personal information and I shall be given access to that information for purposes of accuracy and completeness.

I further authorize the Organization to use my social insurance number in its files pertaining to me.

These authorizations shall be valid until the earliest to occur, of when it is revoked in writing by the Applicant, or 12 months after the Applicant ceases to receive any commission earnings from or through the Organization.

Applicant’s name: ___________________________ signed at ___________ this _____________.

Applicant’s signature: ___________________________

Organization: _________________________________

Address: ___________________________________