

APPLICATION FOR INSURANCE BROKER'S INDIVIDUAL REGISTRATION

FORM 2A

GENERAL INSTRUCTIONS

1. This form must be completed by all individuals seeking registration as an insurance broker in the province of Ontario. Pursuant to Section 26 of the Registered Insurance Brokers Act, the information provided in this form is privileged and confidential. Once registered, the individual is a member of the corporation.
2. It is an offence under the Registered Insurance Brokers Act to knowingly make a false representation or declaration on this application and/or attachments, and doing so may be sufficient grounds under the Registered Insurance Brokers Act to reject the application or revoke a licence.
3. The application **must be signed and all questions answered**. Failure to do so may cause delays in the processing of the application. Should any space provided be insufficient for your answers, please attach a separate sheet with your answers. Be sure to mark the appropriate question number to identify your additional comments on the sheet.
4. An **original current-dated Police Criminal Records and Judicial Matters Check or receipt from the local police department or RCMP** must be included with the application. The document must be dated within 60 days of the date RIBO receives the application.
Licence registrations will not be processed without this document
5. All sections must be fully completed legibly. **All signatures must be originals.**
 Please return to RIBO:
 - Fully completed application form
 - Two (2) current, passport-size photos of you with your signature on the back
 - A criminal record check or receipt
 - \$250.00* examination fee
 → **Direct Deposit only. Please contact registration@ribo.com** *fee subject to change

Please note: if you are enrolled in or taking a licensing course, please submit the application and attachments to the course instructor.



FAILURE TO ATTACH ALL OF THE ABOVE ITEMS AND/OR AN INCOMPLETE APPLICATION WILL RESULT IN DELAYS

RIBO OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION			
Received \$	F	I	Location
			Date of Exam

1. APPLICANT INFORMATION:

Salutation Mr. Mrs. Ms.

Legal Last Name _____

Legal First Name _____

Middle Name _____

Birth Date _____
Month Day Year

Home Phone _____ Cell Phone _____

Business Phone _____

Personal Email _____

Work Email _____

RESIDENTIAL ADDRESS

Street Address _____

Apt/Unit # _____ City/Town _____

Province _____ Postal Code _____

ONTARIO MAILING ADDRESS FOR SERVICE OF DOCUMENTS *(If different from above or above address is not in Ontario)*

Street Address _____

Apt/Unit # _____ City/Town _____

Province _____ Postal Code _____



Have you written the RIBO exam previously? No Yes Date: _____

2. CHANGE OF NAME:

Have you ever had, used, operated under, or carried on business under any name other than the name mentioned above, or have you ever been known under any other name? Name changes resulting from marriage (e.g. maiden name), divorce, court order or any other process should be listed here giving appropriate dates.

No Yes Previous name: _____ Date: _____

3. FORMAL EDUCATION:

State Last School Attended in Each Level

High School	Institution Name								
	<input type="checkbox"/> Diploma					Dates Attended			
	<input type="checkbox"/> Degree					Start		End	
	<input type="checkbox"/> Other _____					Start		End	

College or University	Institution Name								
	<input type="checkbox"/> Diploma					Dates Attended			
	<input type="checkbox"/> Degree					Start		End	
	<input type="checkbox"/> Other _____					Start		End	

Professional Education	Institution Name								
	<input type="checkbox"/> Diploma					Dates Attended			
	<input type="checkbox"/> Degree					Start		End	
	<input type="checkbox"/> Other _____					Start		End	

Other	Institution Name								
	<input type="checkbox"/> Diploma					Dates Attended			
	<input type="checkbox"/> Degree					Start		End	
	<input type="checkbox"/> Other _____					Start		End	

4. EMPLOYMENT DETAILS:

Name of proposed RIBO registered firm _____

Telephone Number _____ Position with Firm _____

Employment Date _____
Month
Day
Year

5. EMPLOYMENT HISTORY:

Present	Institution Name			
	Address			
	Name and Title of Supervisor			
	Your Position with Firm		From – To	
Reason for Leaving				

Previous	Institution Name			
	Address			
	Name and Title of Supervisor			
	Your Position with Firm		From – To	
Reason for Leaving				

Previous	Institution Name			
	Address			
	Name and Title of Supervisor			
	Your Position with Firm		From – To	
Reason for Leaving				

6. Have you ever been discharged by an employer for cause?

No

Yes - Provide details below. If necessary, please attach further details on a separate sheet with this form.

ANSWER YES or NO to each of Questions 7 to 14 inclusive. You may wish to ask for assistance from the Principal Broker of your RIBO firm or a legal advisor.

7. PRIOR REGISTRATION OR LICENSING:

a) Are you now or have you ever been registered or licensed, or applied for registration or a licence in any capacity under any act or regulation thereof, regulating “dealing in any class of insurance” of any province, territory, state, or country? “Dealing in any class of insurance” includes selling, advising, or consulting with respect to any class of insurance.

No

Yes – List all insurance regulatory authorities with whom you were licensed or registered and the dates of registration. **State whether or not the registration is currently in effect and attach copies.**

b) Are you now, or have you ever been a partner, shareholder, director or officer of any company or of a partnership which has been registered or licensed in any capacity under any act or regulation thereof, regulating “dealing in any class of insurance” of any province, territory, state, or country?

No

Yes – Please provide details and attach supporting documentation.

c) Other than dealing in any class of insurance, are you now, or have you ever been registered or licensed, or applied for registration or a licence under **any** legislation which required registration or licensing to deal with the public, in any capacity in any province, territory, state, or country?

No

Yes – Please provide details and attach copy.
State whether or not the registration is currently in effect.

8. REFUSAL, SUSPENSION, CANCELLATION OR DISCIPLINARY MEASURE:

a) Have you ever been refused registration or a licence, or has your registration or licence been suspended or cancelled, under any act or regulation thereof, regulating dealing in any class of insurance of any province, territory, state, or country?

No

Yes – Please provide details and attach supporting documentation.

b) Are you now, or have you ever been a partner, shareholder, director or officer of a company or of a partnership which has, during the time of your association with it, been refused a registration or a licence, or whose registration has been suspended or cancelled under any act, or regulation thereof, regulating dealing in any class of insurance of any province, territory, state, or country?

No

Yes – Please provide details and attach supporting documentation.

c) Have you ever been refused registration or a licence, or has your registration or licence been suspended or cancelled, under any legislation which requires registration or licensing to deal with the public in any capacity other than dealing in any class of insurance in any province, territory, state, or country?

No

Yes – Please provide details and attach supporting documentation.

d) Has any prior or current registration or licensing to deal in any class of insurance held by you or any partnership or company of which you were at the time of such event a partner, officer, director or shareholder ever been the subject of disciplinary action undertaken by any authority relating to dealing in any class of insurance?

No

Yes – Please provide details and attach supporting documentation.

9. OFFENCES UNDER THE LAW:

Instructions: A criminal record search is a requirement for all new applicants. Non-disclosure or any misrepresentation of your history of offences will result in significant delays in processing your application and may necessitate a hearing before the Qualification and Registration Committee, as well as possible charges under the Provincial Offences Act.

Offences under federal statutes such as the Criminal Code, the Narcotic Control Act, the Food and Drugs Act, the Income Tax Act (Canada), the Immigration Act (Canada), the Competition Act and the Copyright Act constitute criminal offences and must be disclosed when answering this question.

Where you have pleaded guilty or have been found guilty of an offence, such offence must be reported even though an absolute or conditional discharge has been granted. Where you have received an absolute discharge you are required to disclose it unless at least one year has passed since you were sentenced. In the case of a conditional discharge, you are required to disclose it unless at least three years have passed since the date sentence was imposed.

You are not required to disclose any offence for which a record suspension has been granted under the Criminal Records Act (Canada) and such record suspension has not been revoked. Under such circumstances, the appropriate response would be "NO". An absolute or conditional discharge is not a record suspension.

Please note as well, that you are not obliged to disclose convictions under either the Young Offenders Act or its predecessor the Juvenile Delinquents Act.

Offences also include contraventions of any provincial statute such as the Highway Traffic Act, the Securities Act, the Insurance Act, the Real Estate and Business Brokers Act, the Mortgage Brokers Act, the Registered Insurance Brokers Act and the Human Rights Code, 1981, or their equivalent in other provinces. Please note that you are not required to disclose findings of guilt for minor traffic infractions such as speeding or parking violations.

If you are in doubt as to previous dealings you may have had with any law enforcement agency or if you have questions about how to answer these questions, you should contact an authorized officer of your RIBO firm or legal advisor. Disclosed information will be treated with the utmost of confidentiality.

- a) PAST OFFENCES INVOLVING INSURANCE: Have you ever pleaded guilty or been found guilty under any law of any province, territory, state, or country of any offence relating to the business of insurance, the selling of policies or any other activity related to insurance?

No

Yes – Please provide details and attach supporting documentation.

- b) PAST OFFENCES INVOLVING OTHER CRIMINAL OFFENCES OR CONTRAVENTIONS: Have you ever pleaded guilty or been found guilty under any law of any province, territory, state, or country of an offence not noted in (a) above?

No

Yes – Please provide details and attach supporting documentation.

c) Are you currently the subject of a charge or indictment under any law of any province, territory, state, or country for contraventions, criminal or regulatory offences or other conduct of the type described in (a) or (b)?

No

Yes – Please provide details and attach supporting documentation.

d) PARTNERSHIP OR COMPANY OFFENCES OR CURRENT CHARGES OR INDICTMENTS: Has any partnership or company of which you are or were at the time of such an event a partner, officer, director or shareholder, ever pleaded guilty or been found guilty, or is any such partnership or company currently the subject of a charge or indictment, under any law of any province, territory, state, or country for contraventions, offences or other conduct of the type described in (a) or (b)?

No

Yes – Please provide details and attach supporting documentation.

10. CIVIL PROCEEDINGS:

Has any claim been made successfully or, to your knowledge, is any claim pending in any civil proceedings before a court or other tribunal in any province, territory, state, or country which was, or is, based in whole or in part on fraud, theft, deceit, misrepresentation, negligence or similar conduct?

a) Against you?

No

Yes – Please provide details and attach supporting documentation.

b) Against any partnership or company of which you are or were at the time such proceedings were commenced, a partner, director, officer or shareholder?

No

Yes – Please provide details and attach supporting documentation.

11. BANKRUPTCY:

Have you or has any partnership or company of which you are or were at the time of such event a partner, officer, director or shareholder ever been declared bankrupt, or made a voluntary assignment in bankruptcy; or made any proposal relating to insolvency; or been the subject of any proceedings relating to dissolution or winding up or had a receiver and/or manager appointed to hold your or its assets?

- No
 - Yes - Attach a brief explanation, a copy of any orders including discharge orders and a copy of the long statement of affairs that provide the list of creditors.
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12. JUDGMENT OR GARNISHMENT:

Has any judgment or garnishment ever been rendered against you or is any judgment or garnishment outstanding against you, in any civil court in any province, state, or country for damages or other relief for any reason whatsoever?

- No
 - Yes – Please provide details and attach supporting documentation.
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13. SURETY BOND OR FIDELITY BOND:

Have you ever applied for a surety bond or fidelity bond and been refused or have you ever had a surety bond or fidelity bond cancelled?

- No
 - Yes – Please provide details and attach supporting documentation.
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14. BUSINESS ACTIVITIES:

Once registered as an insurance broker, **will your only business or employment be that of an insurance broker?** Please note: this would include being a sole proprietor, partner, officer, director, employee (part-time work) or shareholder of a partnership or company **other than the brokerage firm** where you are now applying.

- Yes
 - No – Provide full details, including full name and address of business, nature of the business, your title or position, and the amount of time you devote to the business.
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CAUTION

It is an offence under the Registered Insurance Brokers Act to procure or attempt to procure registration by knowingly making any false or fraudulent representation or declaration. Filing of any false information or failure to disclose full information required by or on this application may result in its rejection or in disciplinary or other actions or proceedings being taken against the applicant and/or RIBO firm within the provisions of the Registered Insurance Brokers Act or the regulations, or may result in a refusal to register the applicant.

CONSENT AND NOTIFICATION

(This Consent and Notification is pursuant to the Federal Personal Information Protection and Electronics Documents Act)

I CONSENT to the Registered Insurance Brokers of Ontario collecting such additional information about me as may be necessary to complete or verify the information contained in my application to become a registered insurance broker of Ontario. The sources the Registered Insurance Brokers of Ontario may use are athletic associations; financial institutions; police forces (federal, provincial, municipal and foreign); current and former employers; credit bureaus; business associations; foreign governments; bankruptcy offices; insurance companies; Ministries of Finance and Consumer and Commercial Relations and/or the Financial Services Regulatory Authority of Ontario (formerly Financial Services Commission of Ontario); Employment and Immigration; Registrar General; governments of other provinces.

LEGAL AUTHORITY OF THE COLLECTION

Ontario Regulation 991, Section 5 under the Registered Insurance Brokers Act.

PRINCIPAL PURPOSES FOR WHICH THE PERSONAL INFORMATION IS INTENDED TO BE USED:

- to determine whether I am qualified and suitable to obtain the license I am applying for on this application form and to consult with other regulatory bodies.
 - to use and disclose such information for purposes which are consistent with the purpose set out in the previous clause.
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CERTIFICATION

The undersigned individual hereby certifies that the foregoing statements are true and correct to the best of my knowledge, information and belief and hereby undertakes to notify RIBO in writing of any material change therein, within 30 days of such change, as provided by the regulations.

The undersigned individual hereby further certifies that I am conversant with the provisions of the Registered Insurance Brokers Act, its Regulations and By-laws and will act in accordance with those provisions.

The undersigned applicant acknowledges and consents that RIBO may obtain any information whatsoever, from any source, as permitted by law in any jurisdiction in Canada or elsewhere.



Dated this _____ day of _____, _____
Day Month Year

SIGNATURE OF APPLICANT