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**Department of Finance**

*Office of the Superintendent of Insurance*

Our File #

OFFICE USE ONLY	
License No.	2007-

**APPLICATION FOR RENEWAL OF LICENSE AS AN INSURER  
PURSUANT TO THE INSURANCE ACT  
R.S.N.S. 1989, Chapter 231**

1. Name of Company and Canadian Head Office Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Incorporation  
 Stock \_\_\_\_\_  
 Fraternal \_\_\_\_\_  
 Reciprocal \_\_\_\_\_  
 Mutual \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Licensing Contact Person: \_\_\_\_\_  
 Company's Email Address: \_\_\_\_\_

2. Classes of Insurance for Which a License is Requested

\_\_\_\_\_

\_\_\_\_\_

3. Jurisdictions in Canada where Applicant is Presently Licensed or Registered

\_\_\_\_\_

\_\_\_\_\_

4. Name of Attorney in fact (Reciprocals only) \_\_\_\_\_

5. Chief Agent for Canada \_\_\_\_\_

6. Chief Agent for Nova Scotia \_\_\_\_\_

7. Name and Address of Person Named Pursuant to Section 107 (see next page)

\_\_\_\_\_

\_\_\_\_\_

8. Address of Branch Offices (if any) in Nova Scotia

\_\_\_\_\_

\_\_\_\_\_

Dated at \_\_\_\_\_ in the Province/State of \_\_\_\_\_ this  
day of \_\_\_\_\_

\_\_\_\_\_  
Duly Authorized Officer of the Company Title or Position in Company

**Remittance of fees should accompany this application and be made payable to  
THE MINISTER OF FINANCE**

**PROVINCE OF NOVA SCOTIA**  
**FOR FEE SCHEDULE SEE BELOW**

<b>CLASS OF INSURANCE</b>	<b>ANNUAL LICENSE OR RENEWAL FEE</b>
Accident & Sickness Insurance	\$869.28
Aircraft Insurance	\$347.71
Automobile Insurance	\$579.52
Boiler & Machinery Insurance	\$347.71
Credit Insurance	\$347.71
Fidelity Insurance	\$347.71
Hail Insurance	\$347.71
Legal Expense Insurance	\$347.71
Liability Insurance	\$579.52
Life Insurance	\$869.28
Loss of Employment Insurance	\$347.71
Marine Insurance	\$579.52
Mortgage Insurance	\$347.71
Property Insurance	\$579.52
Surety Insurance	\$347.71
Title Insurance	\$347.71

**The maximum fee to be paid by any insurer or inter-insurance exchange is \$1,738.55**