



SECONDARY BUSINESS EXEMPTION FORM

NAME: _____

REGISTRATION #: _____ - OR - NEW APPLICANT: _____

INSURANCE BROKER DETAILS:

1) Which of the following is applicable:

- Customer Service Representative Sales person
Inside Personnel/Administration

2) What are your specific duties?

3) How many hours per week are you working in a broker business? _____

4) How long have you worked in the insurance industry? _____

5) Are you on commission or salary? _____

SECONDARY OCCUPATION DETAILS:

Name of business: _____

Position held: _____

Duties involved: _____

Remuneration per hr/week/mth: _____ Hours involved per week: _____

Reason for requesting exemption: _____

For what time period: _____

IMPORTANT

YOU MUST ALSO ENCLOSE a one page letter of request explaining in detail the secondary occupation **AND** a letter from the Principal Broker of your firm advising that they do not feel this activity will interfere with your insurance responsibilities and fully support your request for an exemption.