



**SPECIAL INSURANCE BROKER RETURN
FOR THE MONTH ENDING _____, 20YY**

To the superintendent of insurance:

I, _____, Yukon licence number _____
FULL GIVEN NAMES AND SURNAME

certify that the information contained in this return is true, correct and complete to the best of my knowledge and belief.

Policy holder information									
Last name					First name				
Phone			Email						
Mailing address									
UNIT # (OPTIONAL)		STREET NUMBER AND NAME OR P.O. BOX NUMBER			CITY OR TOWN		PROVINCE OR TERRITORY		POSTAL CODE
Insurer information									
Name of unlicensed insurer in which insurance is placed									
Mailing address of unlicensed insurer in which insurance is placed									
Policy information									
Date insurance placed YYYY-MM-DD		Class of insurance placed			Amount of insurance placed		Policy number		
Term of insurance		Property insured					Property location		
Gross premium paid by policy holders resident in Yukon, property is situated in Yukon, or insurable interest is in the Yukon									
Property	Auto liability	Auto person accident	Auto other	Liability insurance	Surety	Aircraft	Accident and sickness	Other	Total permiums
Total Insurance Premium Tax Due (Total premiums x 4% insurance premium tax rate)									

SPECIAL BROKER (PRINT NAME)

SPECIAL BROKER SIGNATURE

Personal information is collected, used, and disclosed under the authority of Sections 15(a)-(c), 25 (a)-(e) and 25 (x) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the licence or certificate being requested. It will be used for the purposes of these Acts and their regulations including but not limited to eligibility of licensure complaint related matters, and collection of payment due to the Government of Yukon. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional and Corporate Affairs (PCA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at professional.affairs@yukon.ca.