



# Fundamentals of Insurance

## Home Study Application

### STUDENT INFORMATION

Student Name: \_\_\_\_\_  
*Last Name* *First Name*

Email Address: \_\_\_\_\_

Brokerage Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

### INDUSTRY INFORMATION

Number of Years in Insurance Industry: \_\_\_\_\_

This is to confirm that I, \_\_\_\_\_, understand and agree to the following terms and conditions as a registrant:  
(PRINT NAME)

1. **An exam must be taken within six (6) months of the registration date or a \$119.00 fee applies to write the exam.** Please mark your calendar accordingly, as you will NOT receive a reminder.
2. The pass mark is 70%. Any rewrites (maximum three writes within six months) are \$119.00 payable in advance. **Your fees are non-refundable if you are unable to attend an exam.**
3. Exams must be applied for in advance and are available by **prior arrangement** only. Exams are held promptly at 9:00am to 12:00pm (latecomers will not be admitted) on generally the second Monday of each month in Winnipeg. (Outside of Winnipeg by arrangement.) Photo ID may be requested at the exam write.
4. The exam may be attempted a maximum of three times in one 6-month period to qualify for a Level 1 General Insurance License.
5. EXAM RESULTS will be sent ICS or Canada Post within one (1) week of the exam date and will be available on the IBAM website: [www.ibam.mb.ca](http://www.ibam.mb.ca).

Purchase of Supplemental Study Guide (additional cost of \$60)

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PAYMENT INFORMATION

**Course Fee of \$305.00** (\$365.00 with the purchase of Study Guide) payable by Visa, Mastercard or Company Cheque

Visa / Mastercard #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Send completed applications and payment to:  
*Fees include a non-refundable charge of \$40.00*

Mail: 600-1445 Portage Ave, Winnipeg, Manitoba R3G 3P4  
Email: [katrinahueging@ibam.mb.ca](mailto:katrinahueging@ibam.mb.ca)  
Fax: 204-489-0316

### FOR OFFICE USE ONLY

Acc: \_\_\_\_\_ Ack: \_\_\_\_\_ Text: Loomis / Mail / Pickup / Other: \_\_\_\_\_ Ship Date: \_\_\_\_\_ By: \_\_\_\_\_