



1. Your Current Licence Information

Full name as printed on your licence: [text box]

File Number or Licence Number From Last Held Certificate: [text box]

Which Licence Class applies to this employer?

- Life Insurance, General Insurance, Adjuster, Accident & Sickness

2. I Will Represent the following Agency / Firm

Name of Employer: [text box]

Employer File Number: [text box] Effective Date: (DDMMYYYY) [calendar grid]

I will conduct business from the following office:

Street Number: [text box] Street Name: [text box]

Suite Number: [text box] City: [text box]

Province: [text box] Postal Code: [text box] Tel: [text box]

Email: [text box]

3. Signature

Licensee: [text box] Date signed: [calendar grid]

4. Intended Employer's Declaration

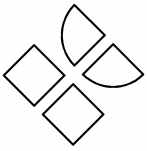
We understand we are required to notify the Insurance Council of British Columbia ("Council") in writing within five (5) business days if this applicant's authority to represent our Agency or Firm ceases, and to advise Council where there are issues related to the licensee's suitability or conduct as a licensee.

5. Signatures

Nominee, Officer, Director or Partner: [text box]

Print name: [text box] Date signed: [calendar grid]

Title: [text box]



APPLICATION SUPPLEMENT FOR LEVEL 3 GENERAL INSURANCE AGENT AND LEVEL 3 ADJUSTER

Level 3 General Insurance Agent and Level 3 Adjuster licences will only be issued to individuals who are an officer, director or partner of, or hold management responsibilities within, the licensed agency or firm*. This form MUST accompany all applications for a first, renewal, amendment, transfer or re-application of a Level 3 licence.

* Agency or firm refers to the employer named on the application and may be a corporation, sole proprietorship or partnership.

INSTRUCTIONS

- 1. Print your name and licence number below.
2. Identify the area of insurance or branch office you will be responsible for.
3. Read the acknowledgement below and if you are in agreement, sign and date.
4. Have the form signed and dated by an authorized signatory of your agency/firm.

NAME: LICENCE NO:

I will be responsible for the insurance activities at the following office (branch manager): Address:

OR

I will be responsible for a specific area of operations as outlined below. (If you require more space, you may write on the reverse side of this form).

OR

I am an officer, director, or partner of the licensed corporate agent or firm.

- I AGREE THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND ACCURATE.
I UNDERSTAND THAT WHEN ACTING AS A LEVEL 3 AGENT, OR LEVEL 3 ADJUSTER, I AM RESPONSIBLE AND ACCOUNTABLE TO THE INSURANCE COUNCIL OF BRITISH COLUMBIA FOR THE AREAS I SUPERVISE OR MANAGE.

SIGNATURE DATE APPLICANT

- I AGREE THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND ACCURATE.

SIGNATURE DATE

PRINT NAME: (NOMINEE, OFFICER, DIRECTOR, OR PARTNER)