

Insurance Council of BC Disciplinary Process



COMPLAINT REVIEW

The Insurance Council reviews complaints received in writing against insurance licensees (*insurance salespersons, agents, agencies, adjusters and travel agents*).

Reviews of complaints typically take less than 90 days.

Outcomes:

Reviews of complaints commonly result in the following outcomes:

- The matter is referred for investigation.
- A letter is issued to the licensee on appropriate conduct or procedures requiring correction (“Reminder letter”) or providing advice regarding best practices to be followed (“Best Practices letter”).
- A breach is not established.
- The complaint falls outside the Insurance Council’s area of regulatory responsibility.



INVESTIGATION

If the Insurance Council has reason to believe that a breach of the *Financial Institutions Act*, Council Rules or Code of Conduct may have occurred, an investigation is initiated.

Investigations are usually completed within 450 days.

Outcomes:

The most common outcomes of investigations are:

- The matter is referred to a Review Committee.
- A Reminder letter or a Best Practices letter is issued.
- The matter is closed if disciplinary sanctions are not warranted.



REVIEW COMMITTEE

If the Insurance Council determines that the matter needs to be reviewed further, the licensee under investigation is invited to attend a Review Committee meeting.

At the meeting, the licensee has the opportunity to explain their position, respond to the investigation report and provide further information with the aid of their own legal counsel.

Outcomes:

The most common outcomes at the conclusion of a Review Committee meeting are as follows:

- Disciplinary sanctions are recommended.
- Licensees may be assessed investigative costs.
- The matter is referred to Insurance Council staff for further investigation.
- A Reminder letter or a Best Practices letter is issued.
- The investigation is closed with no action if no discipline is warranted.



COUNCIL DECISION

After the Review Committee meeting, a summary of the file is presented to the Insurance Council’s voting members for a decision regarding discipline.

The voting members may issue a written intended decision if disciplinary sanctions against the licensee are warranted.

At that time, if the licensee accepts the intended decision, the Insurance Council issues an order.



HEARINGS

After receiving an Intended Decision, a licensee has 14 days from receipt to request a hearing. If unsuccessful, licensees are usually assessed the cost to hold a hearing.

A hearing is similar to a court proceeding.

The Hearing Committee will weigh the evidence as though it is hearing and seeing the evidence for the first time.

Licensees are entitled to their own legal counsel.

Disciplinary action imposed by the Hearing Committee may be more or less severe than what was set out in the intended decision.

The licensee may appeal the final decision issued following a hearing with the Financial Services Tribunal.