

SECTION 1 APPLICANT DECLARATION

Please confirm you have fully read and agree to the below certification:

- ☐ The information contained in this application, including attachments, is true and complete.
- ☐ I understand that it is an offence under the Financial Institutions Act to make a material misstatement to the Insurance Council of British Columbia ("Insurance Council"). I understand that making a material misstatement to the Insurance Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.
- ☐ I understand that the email address provided on this application form will be used for Insurance Council correspondence and publications.
- ☐ I have errors and omissions (E&O) insurance coverage, which meets the requirements of Council Rule 7(11).

Freedom of Information and Protection of Privacy Act

Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the Financial Institutions Act and the Freedom of Information and Protection of Privacy Act. Questions about the collection, use, or disclosure of your personal information can be directed to the Insurance Council of British Columbia by email at licensing@insurancecouncilofbc.com or by telephone at (604) 695-2007.

SECTION 2 YOUR CURRENT LICENCE INFORMATION

Full Legal Name:

Licence Number:

Email:

Licence Class: ☐ Life, and Accident and Sickness ☐ General Insurance ☐ Adjuster ☐ Accident and Sickness

SECTION 3 HOLDING OUT

Select one: ☐ Represent an Agency/Firm ☐ Life and/or Accident & Sickness Agent – Not an Authorized Representative of an Insurance Agency

Complete the section below only if you are representing an agency/firm.

Name of Agency/Firm:

ATREffective Date (mm/dd/yyyy):

I will conduct business from the following office:

Address:

City:

Province:

Postal Code:

Business Phone:

Complete the section below only if you are a new life and/or accident and sickness insurance agent .	
I have fully completed, executed and enclosed the Supervisor Undertaking Form .	<input type="checkbox"/> YES
Complete the section below only if you are a life and/or accident and sickness insurance agent and not an authorized representative of an insurance agency.	
I have enclosed evidence of a contract with an insurance company within 90 days (This may include a letter from an insurer confirming you have the authority to represent them or a copy of a contract entered with an insurer)	<input type="checkbox"/> YES
I have enclosed evidence of Errors and Omissions (E&O) insurance coverage. This may be either the E&O insurance certificate from your insurer or the Confirmation of Errors and Omissions (E&O) Form .	<input type="checkbox"/> YES

SECTION 4 LICENSEE SIGNATURE

I, the undersigned, acknowledge that all the information contained in this form is true and complete and I understand the terms outlined in Section 1 of this application and the [Council Rules](#).

REMINDER TO ALL LICENSEES:

[Council Rule 7\(11\)](#) establishes the requirement for all licensees to maintain or be covered by errors and omissions ("E&O") insurance that includes a minimum limit of \$1,000,000.00 per claim and a minimum aggregate limit of \$2,000,000.00 which extends to all insurance activities.

Pursuant to Section 10.3.1 of the [Code of Conduct](#), you must hold yourself out in the manner in which you are licensed.

The Insurance Council strongly recommends that you stay up-to-date on the [Council Rules](#) and [Code of Conduct](#), and review all your [licence responsibilities](#).

Signature of Licensee

Date Signed (mm/dd/yyyy)

SECTION 5 APPROVAL AGENCY OR ADJUSTING FIRM (IF APPLICABLE)

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

Signature of Nominee or Authorized Individual

Print Name

Title of Nominee or Authorized Individual

Date Signed (mm/dd/yyyy)

Completed forms should be emailed to: licensing@insurancecouncilofbc.com.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

For details on the licensing process, refer to the Insurance Council of British Columbia's website at insurancecouncilofbc.com.