

### SECTION 1 YOUR CURRENT LICENCE INFORMATION

Full Legal Name:
Licence Number:
Licence Class: <input type="checkbox"/> Life, and Accident and Sickness <input type="checkbox"/> General Insurance <input type="checkbox"/> Adjuster <input type="checkbox"/> Accident and Sickness

### SECTION 2 HOLDING OUT

I will: <input type="checkbox"/> Represent an Agency/Firm <input type="checkbox"/> Act as an Unaffiliated Life and/or Accident and Sickness Agent		
Complete the section below only if you are representing an agency/firm.		
Name of Agency/Firm:		
ATR Effective Date (mm/dd/yyyy):		
I will conduct business from the following office:		
Street Number:	Street Name:	
Suite Number:	City:	
Province:	Postal Code:	Business Phone:
Complete the section below only if you are a <u>new life and/or accident and sickness insurance agent</u> .		
I have fully completed, executed and enclosed the <u>Supervisor Undertaking Form</u>		<input type="checkbox"/> Yes
Complete the section below only if you are requesting a Level 3 general insurance agent or Level 3 insurance adjuster licence.		
I have fully completed, executed and enclosed the <u>Level 3 Supplemental Form</u>		<input type="checkbox"/> Yes

### SECTION 3 LICENSEE SIGNATURE

#### REMINDER TO ALL LICENCEES:

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.

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 4 APPROVAL AGENCY OR ADJUSTING FIRM (IF APPLICABLE)

We understand we are required to notify the Insurance Council of British Columbia (“Council”) in writing within five (5) business days if this licensee’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.

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](mailto:licensing@insurancecouncilofbc.com)