

SECTION 1 AGENCY OR ADJUSTING FIRM INFORMATION

Full Legal Name:
Trade name(s) (if applicable):
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 NOMINEE INFORMATION

Information below pertains to the new appointed nominee . The nominee must be licensed in BC under the same class as the agency/firm, or in the process of applying for a licence with the Insurance Council of British Columbia.		
Full Legal Name of Nominee:		
Business Phone:		
Email:		
Licence Number (if applicable):		
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		
Effective Date of Appointment (mm/dd/yyyy):		
Information below pertains to the previous appointed nominee . If the individual is downgrading, please provide details.		
Full Legal Name of Nominee:		
Licence Number:		
Will the previous appointed nominee continue to represent the Agency/Firm? If no, please indicate the date the authorization is/will be removed: End Date of Appointment (mm/dd/yyyy): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 3 NOMINEE SIGNATURE

I, the undersigned, confirm that I meet the requirements outlined under **Council Rule 2(11)** to act as a nominee for the agency/firm cited in Section 1, and I have read and understand the **nominee responsibilities** outlined on Council's website.

Signature of New Appointed _____
Nominee Date Signed (mm/dd/yyyy) _____

SECTION 4 APPROVAL AGENCY OR ADJUSTING FIRM

Note: This section must be completed and signed by a major shareholder, director, officer or partner of the agency/firm.

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

Signature of Major Shareholder/Director/Officer/Partner _____
Print Name and Title _____
Date Signed (mm/dd/yyyy) _____

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