

Under [Council Rule 2\(11\)](#), every insurance agency or adjusting firm must nominate an individual to act as nominee who must be an officer, director or partner of the insurance agency or adjusting firm or a senior manager of the insurance agency or adjusting firm for the province of British Columbia. The nominee is responsible for all insurance activities undertaken by the insurance agency or adjusting firm.

SECTION 1 AGENCY/FIRM DECLARATION

Please confirm you have fully read and agree to the below certification:	
<input type="checkbox"/>	The information contained in this application, including attachments, is true and complete.
<input type="checkbox"/>	I understand that it is an offence under the <i>Financial Institutions Act</i> 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.
<input type="checkbox"/>	I understand that the email address provided on this application form will be used for Insurance Council correspondence and publications.

<p align="center"><i>Freedom of Information and Protection of Privacy Act</i></p> <p>Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the <i>Financial Institutions Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i>. 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.</p>
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SECTION 2 AGENCY, ADJUSTING FIRM, OR DIRECT WRITER INFORMATION

Full Legal Name:	
Trade Name(s) (if applicable):	
Licence Number:	
Licence Class:	<input type="checkbox"/> Life, and Accident & Sickness <input type="checkbox"/> Adjuster <input type="checkbox"/> General Insurance <input type="checkbox"/> Accident & Sickness

SECTION 3 INTENDED NOMINEE INFORMATION

The information below pertains to the intended 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.	
Full Legal Name of Nominee:	
Business Phone:	
Email:	

Licence Number (if applicable):		
Licence Class:	<input type="checkbox"/> Life, and Accident & Sickness <input type="checkbox"/> Adjuster	<input type="checkbox"/> General Insurance <input type="checkbox"/> Accident & Sickness
Intended Date of Appointment (mm/dd/yyyy):		
Has the intended nominee completed the Insurance Council's nominee course? <i>Please ensure the intended nominee has completed the course based on the class of licence the agency/firm and intended nominee hold.</i> 1. Nominee Course for Life and/or Accident & Sickness Insurance Agents 2. Nominee Course for General Insurance Agents & Adjusters Date of Completion (mm/dd/yyyy): _____		YES <input type="checkbox"/>
Please attach a copy of the course certification.		

SECTION 4 PREVIOUS OR CURRENT NOMINEE INFORMATION

The information below pertains to the previously approved nominee .		
Full Legal Name of Previous Nominee:		
Licence Number:		
Will the previously approved nominee continue to represent the Agency/Firm?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please indicate the date the authorization is/will be removed:		
End Date of Appointment (mm/dd/yyyy): _____		

SECTION 5 ERRORS & OMISSIONS (E&O) INSURANCE COVERAGE OF INTENDED NOMINEE

The below sub-section is only for life and/or accident and sickness and sole-proprietor insurance licence nominee applicants. Applicants are required to provide confirmation of E&O insurance coverage under Council Rule 7(11) .		
Are you covered by E&O insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
You have completed and attached the Confirmation of E&O Insurance Form , or attached a copy of your E&O certificate of insurance to the application.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The below sub-section is only for general and adjuster insurance licence nominee applicants. Applicants are required to provide confirmation of E&O insurance coverage under Council Rule [7\(11\)](#).

Do you have coverage for E&O insurance through the insurance agency/firm you will represent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If the Insurance Council does not have current confirmation of E&O insurance coverage on file, we will contact you, and the agency/firm you represent will be required to confirm coverage.

The below sub-section is only for general insurance nominee applicants who are a direct employee of an insurer and only sell products of that insurer. Please refer to Council Rule [7\(11\)\(b\)](#).

I have reviewed Council Rule 7(11)(b) and confirm the exemption applies to me.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you an employee of the insurer and only sell products of that insurer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 6 OTHER BUSINESS ACTIVITIES OF INTENDED NOMINEE

(a) Do you have other employment and/or other work/volunteer activities? If yes, attach a completed Conflict of Interest Request for Review form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 7 OTHER LICENSING, REGISTRATION, OR DESIGNATIONS OF INTENDED NOMINEE

(a) Have you ever been refused a licence or registration, or been subject to disciplinary action, or are you currently under investigation by any organization? If yes, attach details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 8 BANKRUPTCY, JUDGMENTS, CRIMINAL OR CIVIL PROCEEDINGS OF INTENDED NOMINEE

(a) Have you ever been convicted, or are you currently charged, under any law of any province, state, or country, including but not limited to the following? <ul style="list-style-type: none"> • Offences under federal statutes, such as the <i>Income Tax Act</i> and the <i>Immigration Act</i>; • All Criminal Code offences (including impaired driving); • Offences for which an absolute or conditional discharge has been granted. This excludes offences for which a pardon has been granted (and not revoked) under the <i>Criminal Records Act</i>. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<p>(b) Have you personally, or has any business of which you are or were an officer, director, partner, or controlling shareholder ever been subject to bankruptcy proceedings or consumer proposal? If yes, please attach a copy of your bankruptcy discharge documents and/or Certificate of Full Performance.</p> <p>If you have been the subject of a bankruptcy proceeding or consumer proposal that took place less than seven years ago, attach a copy of your most recent Statement of Affairs.</p> <p>If your bankruptcy proceeding and/or consumer proposal is pending, please forward documentation from your Licensed Insolvency Trustee confirming your bankruptcy proceeding and/or consumer proposal is in good standing and payments are up to date.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>(c) Are there any pending legal proceedings against you or against any business of which you are an officer, director, partner, or controlling shareholder?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>(d) Has any judgment, which is unsatisfied, ever been rendered against you personally or against any business of which you were at the time an officer, director, partner, or controlling shareholder in any civil court in British Columbia, or elsewhere, for any reason whatsoever?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>If you answered YES to any of the above, and the information was not previously reported to us, provide supporting documents, such as the Statement of Claim and Defence, judgment, etc. If the information was previously reported, please provide a brief explanation, including the date of the incident.</p>		

SECTION 9 SIGNATURE OF INTENDED NOMINEE

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 2, and I have read and understand the [nominee responsibilities](#) outlined on the Insurance Council's website.

Signature of Intended Nominee

Date Signed (mm/dd/yyyy)

SECTION 10 APPROVAL OF 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 in writing within five (5) business days if this nominee ceases their role as a nominee for our Agency or Firm, and to advise the Insurance 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.

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.