

## SECTION 1 LICENSEE 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.

### ***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 [info@insurancecouncilofbc.com](mailto:info@insurancecouncilofbc.com) or by telephone at (604) 688-0321.

## SECTION 2 LICENSEE INFORMATION

Information of the licensee whose licence is to be cancelled.

Full Legal Name:

Trade name(s) (if applicable):

Licence Number:

Email Address:

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

Effective Date of Cancellation (mm/dd/yyyy):

Please select/provide details below for the reason(s) for cancellation. (Note: If the reason for cancellation relates to the licensee’s suitability or conduct as a licensee, this information must be disclosed.)

Additional Information (if applicable):

**SECTION 3 LICENSEE OR APPROVAL AGENCY/ADJUSTING FIRM SIGNATURE**

**IMPORTANT REMINDER TO ALL LICENSEES, AGENCIES AND ADJUSTING FIRMS:**

Once your licence is cancelled you no longer hold an insurance licence in BC and cannot act as an insurance agent or salesperson.

On cancellation of an Agency/Firm licence, authorized representatives (if any) will have their authority removed, which may result in the representative licence becoming inactive.

Signature of Licensee/Nominee/Authorized Individual

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Print Name of Nominee/Authorized Individual (if applicable)

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Date Signed (mm/dd/yyyy)

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Completed forms should be emailed to: [licensing@insurancecouncilofbc.com](mailto: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](http://insurancecouncilofbc.com).

## SECTION 4 IMPORTANT INFORMATION

Before submitting your form to the Insurance Council, please ensure you have answered and read all questions thoroughly. Incomplete forms will not be processed. Please confirm the following frequently missed items:

All questions on the form have been fully answered, and details are attached when applicable.

All signatures and attachments are dated within the last 90 days.

**Reinstating a licence**

You may be eligible to reinstate your licence without the need to repeat the educational prerequisites under the [Reinstatement Provision](#) for the same licence class within 2 years of the date you ceased to be licensed. See [Council Rule 2\(19\)](#) for additional information.

If you previously held a licence but are not eligible to reinstate under the Reinstatement Provision, you will need to apply for a licence through the [First-time Licence Applicant](#) process and retake qualifying education for that class/type of licence.

For more information please view/download the [Council Rules](#).

For further inquiries regarding the Reinstatement Provision, please contact the Licensing Department by email at [licensing@insurancecouncilofbc.com](mailto:licensing@insurancecouncilofbc.com).