

SECTION 1 APPLICANT DECLARATION

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| 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 the email address provided on this application form will be used for Insurance Council of British Columbia correspondence and publications. |
| <input type="checkbox"/> I understand that I need to notify the Insurance Council of British Columbia of changes to the address and contact information within 30 days. |

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

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| Full name as printed on your licence: |
| Licence Number from last held certificate: |

SECTION 3 RESIDENTIAL (HOME) ADDRESS

| | |
|--------------|-----------------|
| Address: | |
| City: | Home Phone: |
| Province: | Mobile Phone: |
| Postal Code: | Business Phone: |
| Email: | |

SECTION 4 SERVICE (MAILING) ADDRESS

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|---|-----------|--------------|
| Complete this section only if you prefer to have Insurance Council of British Columbia correspondence sent to an address other than the one provided above. | | |
| Address: | | |
| City: | Province: | Postal Code: |

SECTION 5 BUSINESS ADDRESS

| | | |
|-----------------------|---|--------------|
| Address: | | |
| City: | Province: | Postal Code: |
| Use this address for: | <input type="checkbox"/> Life, and Accident and Sickness Insurance Licence <input type="checkbox"/> General Insurance Licence <input type="checkbox"/> Adjuster Licence <input type="checkbox"/> Accident and Sickness Insurance Licence | |

SECTION 6 LICENSEE SIGNATURE

The Insurance Council of British Columbia publishes guidelines and directives to licensees on specific issues through its Notices and website. It is the responsibility of each individual licensee to read, understand, and remain current on the applicable regulatory requirements under the *Financial Institutions Act* and [Council Rules](#).

It is a condition of all insurance licences that the licensee notify the Insurance Council of British Columbia of changes to their address and other contact information within 30 days.

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](#).

Signature of Licensee

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.