

SECTION 1 APPLICANT DECLARATION

Please confirm you have fully read and agree to the below certification:
<input type="checkbox"/> The information contained in this form, including attachments, is true and complete.
<input type="checkbox"/> I understand that the information which I have provided will be used to investigate the Agency's/Firm's suitability for licensing.
<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.

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 PERSONAL INFORMATION

Legal first name:
Legal middle name(s):
Legal last name:
Maiden name or any other previous last name(s):
Any other name(s) used or known by:
Date of birth (mm/dd/yyyy):
Email:

SECTION 3 RESIDENTIAL (HOME) ADDRESS

Address:	
City:	Home Phone:
Province:	Mobile Phone:
Postal Code:	Business Phone:

SECTION 4 SERVICE (MAILING) ADDRESS

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 AGENCY/FIRM

Full Legal Name:		
Trade Name (if applicable):		
Address:		
City:	Province:	Postal Code:

SECTION 6 OTHER BUSINESS ACTIVITIES

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

(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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SECTION 8 BANKRUPTCY, JUDGMENTS, CRIMINAL OR CIVIL PROCEEDINGS

(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, but not including offences for which a pardon or record suspension has been granted (and not revoked) under the <i>Criminal Records Act</i>. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 document 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 or is pending, please 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If you answered "Yes" to any of the above, provide details on a separate page.</p>		

SECTION 9 SIGNATURE

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](#).

I have read and completed Section 10 – Application Checklist ☐

Signature

Print Name

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.

SECTION 10 APPLICANT CHECKLIST

Before submitting your form to Insurance Council of British Columbia, please ensure you have answered and read all questions thoroughly. Incomplete forms will affect the agency/firm's application. Please confirm the following frequently missed items:

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| <input type="checkbox"/> | You have enclosed a CLEAR copy of government issued photo identification. |
| <input type="checkbox"/> | You have fully answered all questions on the form and attached details when applicable. |
| <input type="checkbox"/> | Your form is signed by you. |
| <input type="checkbox"/> | You have completed and enclosed the Conflict of Interest-Request for Review form (if applicable). |
| <input type="checkbox"/> | Bankruptcy/consumer proposal documents are attached (if applicable). |
| <input type="checkbox"/> | All signatures and attachments are dated within the last 90 days. |