

SECTION 1 APPLICANT 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 have Errors and Omissions (E&O) coverage prior to acting as a licensee, which meets the requirements of Council Rule 7(11).

<p style="text-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 info@insurancecouncilofbc.com or by telephone at (604) 688-0321.</p>

- Level 3 General Insurance Agent and Level 3 Adjuster licences will only be issued to individuals who are an officer, director, or partner of, or hold management responsibilities within, the licensed agency of firm*.
 - This form **MUST** accompany all [applications](#) and [Add Authorizations to Represent](#) (Employer) notifications for a Level 3 licence.
- *Agency or firm refers to the employer names on the application and may be a corporation, sole proprietorship or partnership.

SECTION 2 PERSONAL INFORMATION

Licence number (if applicable):
Legal first name:
Legal middle name(s):
Legal last name:
Date of birth (mm/dd/yyyy):

SECTION 3 QUALIFYING RESPONSIBILITIES

<input type="checkbox"/> I am an Officer, Director, or Partner of the licensed corporate agent or firm.
<input type="checkbox"/> I will be responsible for the insurance activities at the following office (Branch Manager):
Address:

City:	Province:	Postal Code:
<input type="checkbox"/> I will be responsible for a specific area of the operations as outlined below: _____ _____ _____ _____		

SECTION 4 APPLICANT SIGNATURE

I, the undersigned, acknowledge that all the information contained in this form is true and complete. I understand that when acting as a Level 3 agent, or Level 3 adjuster, I am responsible and accountable to the Insurance Council of British Columbia for the areas I supervise or manage.

Signature of Applicant

Print Name

Date Signed (mm/dd/yyyy)

SECTION 5 APPROVAL OF AGENCY OR ADJUSTING FIRM

I, the undersigned, acknowledge that all the information contained in this form is true and complete.

Signature of
Nominee/Officer/Director/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.