

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"/>	The applicant understands that by submitting this application, the applicant will not act as an insurance agent or adjuster until the application is approved.	
<input type="checkbox"/>	The applicant understands that the information which has been provided will be used to investigate the applicant's suitability for licensing.	
<input type="checkbox"/>	The applicant understands 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"). The applicant understands that making a material misstatement to the Insurance Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.	
<input type="checkbox"/>	The applicant understands 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 CORPORATE/PARTNERSHIP INFORMATION

Full legal name:		
Trade name(s) (if applicable):		
Business phone:		
Email of Nominee (if applicable):		
Does the applicant have branch offices? If yes, attach details including locations and the agent responsible for each.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the legal entity and any applicable trade name(s) registered and in good standing with British Columbia Corporate Registry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the applicant a managing general agency (MGA)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 3 BUSINESS ADDRESS (HEAD OFFICE)

This will serve as the applicant's service address unless an alternate address is provided below.		
Address:		
City:	Province:	Postal Code:

SECTION 4 SERVICE (MAILING) ADDRESS

Complete this section only if the applicant's service address is different than the business address provided above.		
Address:		
City:	Province:	Postal Code:

SECTION 5 LICENCE REQUESTED

Select <u>ONE</u> only.
<input type="checkbox"/> Life Insurance (including Accident and Sickness)
<input type="checkbox"/> Accident and Sickness only
<input type="checkbox"/> General Insurance
<input type="checkbox"/> Insurance Adjuster
<input type="checkbox"/> Restricted Travel Insurance

SECTION 6 DIRECTORS, OFFICERS, PARTNERS, SHAREHOLDERS

(a) All registered directors, officers, partners, and controlling shareholders are required to complete a <u>Directors, Officers, Partners, and Controlling Shareholders Exhibit Only</u> form. Completed forms are attached.	YES <input type="checkbox"/>	
(b) Have any of the individuals referred to in question 6(a) been convicted, or are they 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 or record suspension has been granted (and not revoked) under the <i>Criminal Records Act</i>. If yes, attach details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Have any of the individuals referred to in question 6(a) ever been refused a licence or registration, or been subject to disciplinary action, or are currently under investigation by any organization? If yes, attach details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 7 NOMINEE

The following individual(s) is/are authorized to act as Nominee(s), to exercise on behalf of the applicant the rights and privileges conferred by the licence:
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<p>Each prospective nominee must hold an individual licence with the Insurance Council <u>or</u> apply for an individual licence with the Insurance Council; and must be an officer, director, or partner of the agency/firm, or a senior manager of the agency or firm. Additionally, non-resident prospective nominees must attach a licence history letter from a Canadian Insurance Regulator confirming their licensed experience. Nominee responsibilities can be found on our website here.</p>

SECTION 8 LICENSING OR REGISTRATION

(a) Is the applicant licensed or registered in any capacity, with a financial service regulator, insurance or otherwise, or any professional or occupational body, in any jurisdiction inside or outside of Canada? If yes, provide details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Has the applicant ever been refused a licence or registration, or been subject to disciplinary action, or is the applicant currently under investigation by any organization? If yes, attach details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Is the applicant engaged in business activities other than insurance? If yes, provide details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 9 BANKRUPTCY, JUDGMENTS, CRIMINAL OR CIVIL PROCEEDINGS

(a) Has the applicant ever been convicted, or is the applicant 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; 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"/>
(b) Has the applicant ever been subject to bankruptcy proceedings or consumer proposals? If the applicant has 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 the Statement of Affairs. If the bankruptcy proceeding and/or consumer proposal is pending, please forward the documentation from the Licensed Insolvency Trustee confirming the bankruptcy proceeding and/or consumer proposal is in good standing and payments are up-to-date.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Are there any pending legal proceedings against the applicant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(d) Is the applicant subject to an unsatisfied court judgment in any civil court in British Columbia or elsewhere, for any reason whatsoever?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If the applicant answered YES to any of the above, provide details on a separate page.

SECTION 10 AUTHORIZATION TO REPRESENT AN INSURANCE COMPANY

If applying for an adjuster's licence, this section is not required.		
Does the applicant currently have the authority to represent at least one insurance company authorized to do business in British Columbia? If yes, attach Confirmation of authority to represent.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 11 ERRORS & OMISSIONS (E&O) INSURANCE

The applicant's E&O insurance provides coverage to all licensees authorized to represent the applicant.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A completed Confirmation of E&O Insurance Form , or a copy of the applicant's E&O certificate of insurance is attached.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 12 APPLICANT SIGNATURE

Application must be signed by an officer/director/partner as well as the nominee. If the nominee is also an officer/director/partner, a second signature is not required.

I, the undersigned, acknowledge that all the information contained in this application is true and complete and that I understand the terms outlined in Section 1 of this application and the [Council Rules](#).

I have read and completed Section 13 – Application Checklist. ☐

Signature of Nominee

Print Name and Title

Date Signed (mm/dd/yyyy)

Signature of 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.

SECTION 13 APPLICANT CHECKLIST

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

- ☐ See [licence application fee schedule](#) for current application fees. You will be contacted via email in regard to payment instructions. **Application fees are non-refundable.**
- ☐ All questions on the application have been fully answered, and details are attached when applicable.
- ☐ The application is signed by the potential Nominee and an officer/director/partner of the applicant if required.
- ☐ The applicant is registered and in good standing with the British Columbia Corporate Registry.
- ☐ If the applicant is registered with the British Columbia Corporate Registry as an extra-provincial corporation, a recent corporate filing, or legal documentation confirming the registered directors, officers, partners, and controlling shareholders is attached.
- ☐ Applicant's bankruptcy/consumer proposal documents are attached (if applicable).
- ☐ Confirmation of authority to represent is attached (not applicable to adjusters).
- ☐ A completed [Confirmation of E&O Insurance Form](#), or a copy of the applicant's E&O certificate of insurance is attached.
- ☐ All officers, directors, partners, and controlling shareholders are required to complete a [Directors, Officers, Partners, and Controlling Shareholders Exhibit Only](#) form. If the director, officer, partner, or controlling shareholder is applying for an individual licence in British Columbia, the [individual application](#) form is required instead of a Directors, Officers, Partners, and Controlling Shareholders Exhibit Only form.
- ☐ All signatures and attachments are dated within the last 90 days.