

As per [Council Rules](#), a Licensee may apply for a new licence that is higher than their current licence if they meet the educational and, in some cases, experience requirements.

Non-resident licence holders may apply for a comparable level of licence in their home jurisdiction as per Council Rule 2(21).

Council Rule 2(20) permits applicants to apply for a licence based on [alternate education and/or work experience](#).

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 my current licence has not been upgraded until I receive confirmation from the Insurance Council.
<input type="checkbox"/> I understand that the information I have provided will be used to investigate my suitability for licensing, including criminal record checks.
<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 info@insurancecouncilofbc.com or by telephone at (604) 688-0321.

SECTION 2 APPLICANT INFORMATION

Legal First Name:
Legal Middle Name(s):
Legal Last Name:
Any Other 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 correspondence sent to an address other than the one provided above.		
Address:		
City:	Province:	Postal Code:

SECTION 5 NEW UPGRADED LICENCE REQUESTED

Select <u>ONE</u> only and attach proof of qualification for licence type.		
<i>Non-resident applicants must be licensed for the same class of insurance and hold a comparable level of licence in their home jurisdiction or meet the exemption stipulated in Council Rule 2(21).</i>		
General Insurance	<input type="checkbox"/> Agent Level 2	<input type="checkbox"/> Agent Level 3
Insurance Adjuster	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3
If requesting a nominee licence, please complete the Agency Nominee Amendment Application Form.		

SECTION 6 ERRORS AND OMISSIONS (E&O) INSURANCE COVERAGE

Do you have coverage for E&O insurance through the agencies/firms you represent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the Insurance Council does not have current confirmation of E&O insurance coverage on file, we will contact you and the agencies/firms you represent to provide confirmation of coverage.		

The below sub-section is only for general applicants who are a direct employee of an insurer and only sell products of that insurer. Please refer to Council Rule [7\(11\)\(b\)](#).

I have reviewed Council Rule 7(11)(b) and confirm the exemption applies to me.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you an employee of the insurer and only sell products of that insurer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 7 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 8 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, and the information is not on file attach details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 9 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. 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) 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 documents and/or Certificate of Full Performance. If you have been the subject of a bankruptcy proceeding or consumer proposal that took place less than seven years ago, attach a copy of your most recent Statement of Affairs. 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(c) Are there any pending legal proceedings against you or against any business of which you are an officer, director, partner, or controlling shareholder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered YES to any of the above, and the information was not previously reported to us, provide supporting documents, such as the Statement of Claim and Defence, judgment, etc. If the information was previously reported to us, please provide a brief explanation, including the date of the incident.		

SECTION 10 APPLICANT SIGNATURE

I, the undersigned, acknowledge that all the information 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 11 – Applicant Checklist .

Signature of Applicant

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 Insurance Council of British Columbia’s website at insurancecouncilofbc.com.

SECTION 11 APPLICANT CHECKLIST

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

- You have enclosed a CLEAR copy of government-issued photo identification (only if your legal name has changed).
- 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.**
- You have fully answered all questions on the application form and attached details when applicable.
- You signed your application.
- You have completed and attached the [Confirmation of E&O Insurance Form](#), or attached a copy of your E&O certificate of insurance to the application (if applicable).
- You have completed and enclosed the [Conflict of Interest Request for Review](#) form (if applicable).
- A copy of your Statement of Affairs is enclosed (if applicable).
- You have completed the education for the level of licence requested and attached proof of qualification, if applicable.
- All signatures and attachments are dated within the last 90 days.