

## SECTION 1 LICENSEE 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 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](mailto:info@insurancecouncilofbc.com) or by telephone at (604) 688-0321.

## SECTION 2 AGENT, AGENCY OR ADJUSTING FIRM INFORMATION

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| Information of the licensee, agency or adjusting firm whose licence is to be terminated.  |
| Full Legal Name:  |
| Trade name(s) (if applicable):  |
| Licence Number:   |
| Email Address:  |
| Licence Class: <input type="checkbox"/> Life, and Accident and Sickness <input type="checkbox"/> General Insurance <input type="checkbox"/> Adjuster <input type="checkbox"/> Travel<br><input type="checkbox"/> Accident and Sickness        |
| Effective Date of Termination (mm/dd/yyyy):   |
| Please select/provide details below for the reason(s) for termination. (Note: If the reason for termination relates to the individual’s suitability or conduct as a licensee, the agency/adjusting firm must also disclose this information.) |
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| Additional Information (if applicable):   |
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## SECTION 3 LICENSEE OR APPROVAL AGENCY/ADJUSTING FIRM SIGNATURE

### IMPORTANT REMINDER TO ALL LICENSEES, AGENCIES AND ADJUSTING FIRMS:

Once your licence is terminated you no longer hold an insurance licence in BC and cannot act as an insurance agent or salesperson.

On termination of an Agency/Firm licence, authorized representatives (if any) will have their authority removed, which may result in the representative licence becoming inactive.

Signature of Licensee/Nominee/Authorized Individual

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Print Name of Nominee/Authorized Individual (if applicable)

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Date Signed (mm/dd/yyyy)

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Completed forms should be emailed to: [licensing@insurancecouncilofbc.com](mailto: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](http://insurancecouncilofbc.com).

## SECTION 4 IMPORTANT INFORMATION

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

All questions on the form have been fully answered, and details are attached when applicable.

All signatures and attachments are dated within the last 90 days.

**Reapplying for a licence**

You may be eligible to re-apply without needing to re-take the qualifying exam under the Reactivation Provision for the same licence class within 1 or 2 years if you held an active licence for at least one year. See Insurance [Council Rule 2\(19\)](#) for additional information regarding the Reactivation Provision.

If you previously held a licence but are not eligible to re-apply under the Reactivation Provision, you will need to apply for a licence through the [First-time Licence Applicant](#) process and re-take qualifying education for that class/type of licence. Please refer to the [Getting a Licence](#) tab on the Insurance Council website.

For more information, please view/download the [Insurance Council Rules](#).

For further inquiries regarding the Reactivation Provision, please contact the Licensing Department at [licensing@insurancecouncilofbc.com](mailto:licensing@insurancecouncilofbc.com).