

Supervisors must complete and submit this form to recommend a New Life and/or Accident & Sickness Agent for unsupervised practice at the conclusion of their supervisory period. Forms should *not* be submitted before the minimum supervision period is complete or before the supervisor is prepared to make the recommendation.

Supervision of the New Life and/or Accident & Sickness Agent must continue until the completed form has been reviewed and approved by Council.

**Information on supervision requirements can be found at [insurancecouncilofbc.com](http://insurancecouncilofbc.com).**

**SECTION 1 SUPERVISED LICENSEE INFORMATION**

Licence Number:

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Legal first name:

Legal middle name(s):

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Legal last name:

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**SECTION 2 SUPERVISOR INFORMATION**

Licence Number:

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Legal first name:

Legal middle name(s):

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Legal last name:

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**SECTION 3 SUPERVISOR STATEMENT**

Use this section to make your comments regarding the supervised licensee's work and aptitudes, as well as your recommendation for completion of the supervision period. All questions must be completed.

Period of supervision: From (MM/YYYY)

to (MM/YYYY)

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I believe that the supervised licensee complied with Council Rules and all regulatory requirements throughout the supervision period.

- Yes  
 No

*If you answered **no**, please explain why.*

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I believe that the supervised licensee has the knowledge and skills and has demonstrated the conduct and attitudes needed to undertake professional activities as a life &/or A&S agent.

- Yes  
 No

*If you answered **no**, please explain why.*

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I believe that the supervised licensee is able to handle files of a level of complexity corresponding to that usually assigned to individuals with a similar tenure of licenced experience.

- Yes
- No

*If you answered **no**, please explain why.*

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I affirm that the supervised licensee’s work was reviewed throughout the supervision period.

- Yes
- No

*If you answered **no**, please explain why.*

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I recommend the supervised licensee for an unsupervised licence for life &/or A&S insurance.

- Yes
- No

*If you answered **no**, please explain why.*

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**SECTION 4 SUPERVISED LICENSEE SIGNATURE**

SIGNATURE OF LICENSEE:

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DATE SIGNED (MM/DD/YYYY):

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**SECTION 5 SUPERVISOR DECLARATION & SIGNATURE**

*I, the undersigned, affirm that all the information being submitted is accurate and complete.*

SIGNATURE OF SUPERVISOR:

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DATE SIGNED (MM/DD/YYYY):

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