

Use of this Process Review Statement is recommended for every file that a supervisor reviews for a New Life and/or Accident & Sickness agent. Both licensees signing this statement should retain a copy for their records.

**Information on supervision requirements can be found at *insurancecouncilofbc.com*.**

**SECTION 1 SUPERVISOR DECLARATION AND SIGNATURE**

I, \_\_\_\_\_ (supervisor), affirm that I hold an insurance licence authorizing me to transact the class of insurance for which I am completing this supervision statement. I also affirm that I am qualified in accordance with Council Rules to act as a supervisor.

I have reviewed the following insurance related material used or prepared by \_\_\_\_\_ (supervised licensee) for \_\_\_\_\_ (client) and believe that the insurance applied for is appropriate to the needs and circumstances of the client.

Category of Insurance <i>(Check one or more)</i>	<input type="checkbox"/> Accident & Sickness	<input type="checkbox"/> Life	<input type="checkbox"/> Segregated Funds
Purpose of Insurance <i>(Check one or more)</i>	<input type="checkbox"/> Income Replacement <input type="checkbox"/> Debt Protection <input type="checkbox"/> Business Protection <input type="checkbox"/> Estate Preservation <input type="checkbox"/> Other (Please Specify):		<input type="checkbox"/> Education Funding <input type="checkbox"/> Charitable Giving <input type="checkbox"/> Health & Travel <input type="checkbox"/> Group Benefits
Insurance Product(s) Applied for:			
Insurance Amount(s) Applied for:			
Insurance Application reviewed? <i>(If no, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Needs Analysis Reviewed? <i>(If no, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Policy Illustrations Reviewed? <i>(If no, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Is this a Life Insurance Replacement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes, LIRD and Written Comparative Analysis Reviewed?)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Segregated Funds Leveraging?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes, Disclosure Document Reviewed?)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURE OF SUPERVISOR:

\_\_\_\_\_

PRINT NAME AND TITLE:

\_\_\_\_\_

DATE SIGNED (MM/DD/YYYY):

\_\_\_\_\_

**SECTION 2 SUPERVISED LICENSEE'S DECLARATION AND SIGNATURE**

I, the undersigned, affirm that I have provided to the supervisor signing this Statement, a copy of all material I have used with the named applicant/client.

SIGNATURE OF SUPERVISED  
LICENSEE:

\_\_\_\_\_

PRINT NAME:

\_\_\_\_\_

DATE SIGNED (MM/DD/YYYY):

\_\_\_\_\_