

Complete and submit this form when appointing a new supervisor, either as part of a licence application, or if making a change to your current supervision.

Unless otherwise approved by Council, a New Life and/or Accident & Sickness Agent may only conduct insurance activities under the oversight of a supervisor.

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

SECTION 1 APPLICANT/LICENSEE INFORMATION

The form is being submitted for: *(choose one only)*

Part of a Licence Application

OR

Appointment of New Supervisor

Licence Number (if applicable):

Legal first name:

Legal middle name(s):

Legal last name:

APPLICANT'S SUPERVISOR INFORMATION

Licence Number:

Legal first name:

Legal middle name(s):

Legal last name:

SECTION 2 APPLICANT/LICENSEE QUALIFIED DESIGNATIONS

Complete this section **only** if you have one of the following designations listed below, otherwise leave blank and proceed to Section 3.

I currently hold one of the following designations and am requesting a reduction in the 24-month supervision requirement under Council Rules:

Chartered Life Underwriter

Certified Financial Planner

Registered Financial Planner

Please attach a copy of your certification. By providing your signature, you are confirming that your designation is current.

SECTION 3 APPLICANT/LICENSEE DECLARATION & SIGNATURE

I confirm that:

- I understand that under Council Rules, I must only conduct insurance activities under the oversight of my supervisor or their qualified designate.
- My new supervisor is aware of and has consented to all other business activities I am engaged in, if any.
- I will provide the supervisor signing this undertaking a copy of all insurance related material for each life and/or A&S insurance application that I prepare during the period of supervision.
- If I am appointing a new supervisor, I have advised my existing supervisor on record with Council of the change.

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

SIGNATURE OF APPLICANT/LICENSEE: _____

DATE SIGNED (MM/DD/YYYY): _____

SECTION 4 SUPERVISOR DECLARATION & SIGNATURE

I confirm that I am qualified under Council Rules to act as a supervisor for this applicant/licensee, and:

- I agree to supervise this Applicant/Licensee, and understand that this Applicant/Licensee must only conduct insurance activities under my supervision.
- I will review all insurance related material for each life and/or A&S insurance application that the Applicant/Licensee prepares during the period of supervision.
- I will provide the Applicant/Licensee with adequate mentoring so that the Applicant/Licensee develops appropriate skills, procedures, and record keeping practices.
- I understand that under Council Rules, I am required to notify Council in writing within five (5) business days if I cease to act as the Applicant/Licensee’s supervisor; and to include in the notification the reasons for withdrawing as supervisor if they relate to the person’s suitability or conduct as a licensee.

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

SIGNATURE OF SUPERVISOR: _____

DATE SIGNED (MM/DD/YYYY): _____