



Fees are not required for “exhibit only” forms. The purpose of this form is to determine the suitability of the agency/firm itself.

For details on the licensing process, refer to Council’s website at insurancecouncilofbc.com.

SECTION 1 DECLARATION

- The information contained in this form, including attachments, is true and complete.
- I understand that the information which I have provided will be used to investigate the Agency’s/Firm’s suitability for licensing.
- I understand that it is an offence under the *Financial Institutions Act* to make a material misstatement to the Insurance Council of British Columbia. I understand that making a material misstatement to Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.
- I understand that the email address provided on this form will be used for 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 PERSONAL INFORMATION

Legal first name:
Legal middle name(s):
Legal last name:
Maiden name or any other previous last name(s):
Any other name(s) used or known by:
Date of birth (mm/dd/yyyy): / /

SECTION 3 RESIDENTIAL (HOME) ADDRESS

Address:	
City:	Home Phone:
Province:	Mobile Phone:
Postal Code:	Business Phone:
Email:	

SECTION 4 SERVICE ADDRESS

This is the address that Council will use to send important documentation to you.		
<input type="checkbox"/> Check here if same as residential (home) address above		
Address:		
City:	Province:	Postal Code:

SECTION 5 AGENCY/FIRM

Full Legal Name:		
Trade Name (if applicable):		
Address:		
City:	Province:	Postal Code:

SECTION 6 OTHER BUSINESS ACTIVITIES

(a) Do you have other employment and/or other work/volunteer activities? If yes, attach a completed <u>Conflict of Interest Request for Review</u> form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 7 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, attach details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 8 BANKRUPTCY, JUDGMENTS, CRIMINAL OR CIVIL PROCEEDINGS

<p>(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?</p> <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, but not including offences for which a pardon or record suspension has been granted (and not revoked) under the <i>Criminal Records Act</i>. 	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>(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?</p> <p>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 the Statement of Affairs.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>(c) Are there any pending legal proceedings against you or against any business of which you are an officer, director, partner, or controlling shareholder?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>(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?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>If you answered YES to any of the above, provide details on a separate page.</p>		

SECTION 9 SIGNATURE

I, the undersigned, acknowledge that all the information contained in this form is true and complete and I understand the terms outlined in Section 1 of this application and the Council Rules.

SIGNATURE

PRINT NAME

DATE SIGNED
(MM/DD/YYYY)

_____ / _____ / _____

SECTION 10 APPLICANT CHECKLIST

Before submitting your form to Council, please ensure you have answered and read all questions thoroughly. Incomplete forms will affect the agency/firm's application. Please confirm the following frequently missed items:

- You have enclosed a CLEAR copy of government issued photo identification.
- You have fully answered all questions on the form and attached details when applicable.
- Your form is signed by you.
- 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).
- All signatures and attachments are dated within the last 90 days.

**SEND COMPLETED
FORM TO:**

**INSURANCE COUNCIL OF
BRITISH COLUMBIA**
Suite 300,
1040 West Georgia Street,
P.O. Box 7,
Vancouver, BC V6E 4H1