

Full Legal Name:	
Date of Birth: (mmm / dd / yyyy)	Licence Number (optional)

Licence Class: (check one only. Submit one form and one fee PER licence).					
<input type="checkbox"/> Life and Accident and Sickness	<input type="checkbox"/> Accident and Sickness	<input type="checkbox"/> General	<input type="checkbox"/> Adjuster	<input type="checkbox"/> Travel	

FILING FEES AND DEADLINES

Payment received by end of day Monday June 3, 2019	\$225.00
Payment received by end of day Tuesday August 6, 2019	\$425.00 (includes late filing fee)

PAYMENT METHODS

Accepted methods of payment are Visa or Mastercard, debit card, cash, cheque, or money order in Canadian funds only. Annual filings can be processed online or this form can be submitted with payment in person or by mail.

Cheques and money orders must be made payable to the **Insurance Council of British Columbia**.

Your cheque and filing will **not** be processed and will be returned to you if:

- Cheque and filing form are not fully completed and signed
- The fee is incorrect
- Payment is post-dated or stale-dated
- White-out is used on the cheque
- Changes on your cheque are not initialled

Send this form and your payment by the deadline above to:

Insurance Council of British Columbia
Suite 300, 1040 West Georgia Street, PO Box 7
Vancouver, BC V6E 4H1

FILING CONFIRMATION

Licenses are encouraged to submit their filing payments online as online filings will be updated immediately. If you submit your filing by mail, you will need to check the status of your licence on the [Licensee Directory](#) on Council's website. If your next filing date shows as June 1, 2020 on your licence, your filing has been processed.

DECLARATION

In making this annual filing, I confirm that I am in compliance with all [Council Rules](#), which may include, but are not limited to, requirements relating to mandatory errors and omissions insurance, authority to represent at least one insurer, all mandatory disclosures to Council, and continuing education. I understand that if Council has not received my filing by the deadline shown above, my licence will be automatically terminated on Wednesday, August 7, 2019, and I will be required to reapply for my licence.

Signature: _____ **Print Name:** _____
(REQUIRED) (REQUIRED)