



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

SECTION 1 APPLICANT DECLARATION

- The information contained in this application, including attachments, is true and complete.
- The applicant understands that by submitting this application, the applicant will not act as an insurance agent or adjuster until the application is approved.
- The applicant understands that the information which has been provided will be used to investigate the applicant’s suitability for licensing.
- The applicant understands that it is an offence under the *Financial Institutions Act* to make a material misstatement to the Insurance Council of British Columbia. The applicant understands that making a material misstatement to Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.
- The applicant understands that the email address provided on this application form will be used for Council correspondence and publications.
- The applicant has or will have errors and omissions (E&O) coverage prior to conducting insurance business, which meets the requirements of Council Rule 7(11).

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 CORPORATE/PARTNERSHIP INFORMATION

Full legal name:		
Trade name(s) (if applicable):		
Business phone:		
Fax:		
Email of Nominee (if applicable):		
Does the applicant have branch offices? If yes, attach details including locations and the agent responsible for each.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the legal entity and any applicable trade name(s) registered and in good standing with British Columbia Corporate Registry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The applicant is a: Corporation <input type="checkbox"/> <u>or</u> Partnership <input type="checkbox"/>		

SECTION 3 BUSINESS ADDRESS (HEAD OFFICE)

This will serve as the applicant’s service address unless an alternate address is provided below.		
Address:		
City:	Province:	Postal Code:

SECTION 4 SERVICE (MAILING) ADDRESS

Complete this section only if the applicant’s service address is different than the business address provided above.		
Address:		
City:	Province:	Postal Code:

SECTION 5 LICENCE REQUESTED

Select <u>ONE</u> only.	
Life Insurance (including Accident and Sickness) <input type="checkbox"/>	Accident and Sickness only <input type="checkbox"/>
General Insurance <input type="checkbox"/>	Insurance Adjuster <input type="checkbox"/>
Travel Insurance <input type="checkbox"/>	

SECTION 6 DIRECTORS, OFFICERS, PARTNERS, SHAREHOLDERS

(a) Details of every director, officer, partner, and controlling shareholder of the applicant are provided by a <u>Directors, Officers, Partners, and Controlling Shareholders Exhibit Only</u> form and attached.	YES <input type="checkbox"/>	
(b) Have any of the individuals referred to in question 6(a) been convicted, or are they currently charged, under any law of any province, state or country, including but not limited to the following? <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. This excludes offences for which a pardon or record suspension has been granted (and not revoked) under the <i>Criminal Records Act</i>. <p>If yes, attach details.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(c) Have any of the individuals referred to in question 6(a) ever been refused a licence or registration, or been subject to disciplinary action, or are currently under investigation by any organization? If yes, attach details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 7 NOMINEE

The following individual(s) is/are authorized to act as Nominee(s), to exercise on behalf of the applicant the rights and privileges conferred by the licence:
Each nominee must hold a licence with the Insurance Council of British Columbia <u>OR</u> apply for a licence with the Insurance Council of British Columbia.

SECTION 8 LICENSING OR REGISTRATION

(a) Is the applicant licensed or registered in any capacity, with a financial service regulator, insurance or otherwise, or any professional or occupational body, in any jurisdiction inside or outside of Canada? If yes, provide details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Has the applicant ever been refused a licence or registration, or been subject to disciplinary action, or is the applicant currently under investigation by any organization? If yes, attach details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Is the applicant engaged in business activities other than insurance? If yes, provide details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 9 BANKRUPTCY, JUDGMENTS, CRIMINAL OR CIVIL PROCEEDINGS

(a) Has the applicant ever been convicted, or is the applicant currently charged, under any law of any province, state, or country, including but not limited to the following? <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; • Offences for which an absolute or conditional discharge has been granted. This excludes offences for which a pardon has been granted (and not revoked) under the <i>Criminal Records Act</i>. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Has the applicant ever been subject to bankruptcy proceedings or consumer proposal? <p>If the applicant has been the subject of a bankruptcy proceeding or consumer proposal that took place less than seven years ago, attach the most recent copy of the Statement of Affairs.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(c) Are there any pending legal proceedings against the applicant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) Is the applicant subject to an unsatisfied court judgment in any civil court in British Columbia or elsewhere, for any reason whatsoever?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If the applicant answered YES to any of the above, provide details on a separate page.

SECTION 10 AUTHORIZATION TO REPRESENT AN INSURANCE COMPANY

If applying for an adjuster’s licence, this section is not required.

Does the applicant currently have the authority to represent at least one insurance company authorized to do business in British Columbia? If yes, attach Confirmation of authority to represent.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 11 ERRORS & OMISSIONS INSURANCE

The applicant’s E&O insurance provides coverage to all licensees authorized to represent the applicant.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SECTION 12 APPLICANT SIGNATURE

Application must be signed by an officer/director/partner as well as the nominee. If the nominee is also an officer/director/partner, a second signature is not required.

SIGNATURE OF NOMINEE

PRINT NAME AND TITLE

DATE SIGNED (MM/DD/YYYY)

SIGNATURE OF
OFFICER/DIRECTOR/PARTNER

PRINT NAME AND TITLE

DATE SIGNED (MM/DD/YYYY)

SECTION 13 APPLICANT CHECKLIST

Before submitting your application, please ensure you have answered and read all questions thoroughly. Incomplete applications will not be processed. Please confirm the following frequently missed items:

- Full payment is enclosed. **Application fees are non-refundable.**
- All questions on the application have been fully answered, and details are attached when applicable.
- The application is signed by the potential Nominee and an officer/director/partner of the applicant if required.
- The applicant is registered and in good standing with the British Columbia Corporate Registry.
- A copy of the applicant's Statement of Affairs is enclosed (if applicable).
- Confirmation of authority to represent is attached (not applicable to adjusters).
- All officers, directors, partners, and major shareholders are required to complete a Directors, Officers, Partners, and Controlling Shareholders Exhibit Only form. If the director, officer, partner, or controlling shareholder is applying for an individual licence in British Columbia, the individual application form is required instead of a Directors, Officers, Partners, and Controlling Shareholders Exhibit Only form.
- All signatures and attachments are dated within the last 90 days.

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