



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.
- I understand that by submitting this application, I will not act as an insurance salesperson, agent, or adjuster until the application is approved.
- I understand that the information which I have provided will be used to investigate my suitability for licensing, including criminal record checks.
- 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 application form will be used for Council correspondence and publications.
- I have or will have errors and omissions (E&O) coverage prior to acting as a licensee, 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 APPLICANT 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):
Trade name(s) (if applying as a sole proprietor):
Is the above trade name(s) registered with BC Registry Services? YES <input type="checkbox"/> or NO <input type="checkbox"/>

SECTION 3 RESIDENTIAL (HOME) ADDRESS

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

SECTION 4 SERVICE (MAILING) ADDRESS

Complete this section only if you prefer to have Council correspondence sent to an address other than the one provided above.

Address:		
City:	Province:	Postal Code:

SECTION 5 LICENCE REQUESTED

Select ONE only and attach proof of qualification for licence type.
Non-resident applicants must be licensed for the same class of insurance and with the same agency, adjusting firm, or sole-proprietorship as in the applicant's home jurisdiction.

Life Insurance (including Accident and Sickness)	<input type="checkbox"/> Agent		
Accident and Sickness only	<input type="checkbox"/> Agent		
General Insurance	<input type="checkbox"/> Salesperson Level 1	<input type="checkbox"/> Agent Level 2	<input type="checkbox"/> Agent Level 3
Insurance Adjuster	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3
Travel Insurance	<input type="checkbox"/> Sole Proprietor		
Trainee Registration (no fee required)	<input type="checkbox"/> General Insurance Trainee		

If requesting a nominee licence, please contact Council.

SECTION 6 AUTHORIZATION TO REPRESENT

Agency, adjusting firm, or sole-proprietorship you will represent (this section is not applicable to independent/unaffiliated life agent).
Full Legal Name:
Trade Name(s) (if applicable):
Address (including Postal Code):

SECTION 7 INSURER REPRESENTATION

This section is only for a life and/or accident and sickness, general sole-proprietor, or travel sole-proprietor insurance licence.	
A letter must be provided by an insurance company, dated within the last 90 days, confirming your authority to represent.	YES <input type="checkbox"/>

SECTION 8 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 9 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 10 BANKRUPTCY, JUDGMENTS, CRIMINAL OR CIVIL PROCEEDINGS

(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? <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 has been granted (and not revoked) under the <i>Criminal Records Act</i>. 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<p>(b) Have you personally, or has any business of which you are or were an officer, director, partner, or major 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 most recent 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 major 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 major 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>

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

SECTION 11 APPLICANT SIGNATURE

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

SIGNATURE OF APPLICANT _____
 PRINT NAME _____
 DATE SIGNED (MM/DD/YYYY) _____

SECTION 12 APPROVAL BY INTENDED AGENCY OR ADJUSTING FIRM

Note: This section is not required if you are an unaffiliated life and/or accident and sickness or sole-proprietor applicant.

We have reviewed this application, including all attachments, and confirm support. We understand that we are required to notify the Insurance Council of British Columbia, in writing, within five (5) business days, if this applicant’s authority to represent our agency or firm ceases, and to advise Council if there are concerns related to the applicant’s suitability or conduct as a licensee.

SIGNATURE OF NOMINEE _____
 PRINT NAME _____
 DATE SIGNED (MM/DD/YYYY) _____

SECTION 13 APPLICANT CHECKLIST

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

- You have enclosed a CLEAR copy of government issued photo identification.
- Full payment is enclosed. **Application fees are non-refundable.**
- You have fully answered all questions on the application form and attached details when applicable.
- Your application is signed by you.
- Your application is signed by the nominee of the agency you intend to represent (if applicable).
- An **original** Criminal Record Check (Police Information Check) completed by the municipal police or RCMP detachment for your residential address dated within the last 90 days is enclosed, or will be sent separately (*not required for Trainee applicants, applicants who hold a licence in other Canadian provinces, or applicants who have held a licence with Council within the last five years*).
- The Supervisor Undertaking form has been fully completed, executed, and is enclosed (if applicable).
- You have completed and enclosed the Conflict of Interest Request for Review form (if applicable).
- You have completed and enclosed the Re-Application Continuing Education form (if applicable).
- A copy of your Statement of Affairs is enclosed (if applicable).
- Confirmation of authority to represent is attached (if applicable).
- Official examination results are attached (unless you completed the LLQP exams in British Columbia).
- All individuals, including non-residents, whose applications are received by Council on or after March 1, 2019, must complete the Council Rules Course to qualify for licensure with Council, except those that qualify for licensure under Reactivation Provision in Council Rule 2(19). Please refer to Council Notice ICN 18-003 Revision of the Council Rules Course Requirement. Certificate of completion is attached.
- All signatures and attachments are dated within the last 90 days.

**SEND COMPLETED
APPLICATION AND PAYMENT TO:**

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