



For details on the licensing process, refer to Council’s website at [insurancecouncilofbc.com](http://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 or agent until the application is approved.
- I understand that the information which I have provided will be used to investigate my 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 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](mailto: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 (if applying as a sole proprietor):
Is the above trade name 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 ADDRESS**

This is the address that Council will use to send important documentation to you.  
Complete this section only if your service address is different than the residential address provided above.

Address:		
City:	Province:	Postal Code:

**SECTION 5 LICENCE REQUESTED**

Select ONE only and attach proof of qualification for licence type.

<input type="checkbox"/> General Insurance	<input type="checkbox"/> Salesperson Level 1	<input type="checkbox"/> Agent Level 3
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**SECTION 6 AUTHORIZATION TO REPRESENT**

Dealership you will represent.
Full Legal Name:
Trade Name (if applicable):
Address (including Postal Code):

**SECTION 7 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 8 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 9 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 10 AUTHORIZATION TO REPRESENT DEALERSHIP**

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 11 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 dealership you intend to represent.
- You have provided a sample of disclosure you will provide to clients.
- Effective March 1, 2019 and in accordance with Council Rule 2(14), all individuals must complete the Council Rules Course to qualify for licensure with Council, except those that qualify for licensure under the 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

## IMPORTANT CONSUMER INFORMATION

You are about to purchase optional insurance coverage for a motor vehicle. Before finalizing your decision, please note:

- You are not required to purchase this insurance coverage, and
- You are not subject to any penalty or additional fees if you choose not to purchase this insurance coverage.

Should you choose to purchase this insurance, make sure any questions you have about the product are answered to your satisfaction. In advance of purchasing the insurance, you must also be provided with clear and concise written disclosure of all coverages and exclusions of the insurance product, including cancellation provisions. These materials must tell you what coverage you have purchased and what your responsibilities are if you need to make a claim.

### Product Cost

Insurance Premium:	\$ _____
Motor Vehicle Dealer Fee:	\$ _____
Other Fees or Costs:	
Description: _____	\$ _____
Description: _____	\$ _____
Description: _____	\$ _____
Description: _____	\$ _____
<b>Your Total Cost:</b>	<b>\$ _____</b>

- I have read and understand the information in this document.
- I understand that I am not required to purchase this optional insurance coverage.

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Consumer Name (Print Clearly)

Signature

Date

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Dealer Representative Name

Legal Name of Dealership