

LICENCE APPLICATION AND FILING FEES

Please ensure you submit the correct fee.
Applications submitted with insufficient fees will be returned to the applicant unprocessed.

Table with 2 columns: Description and Fee. Includes 'First Application and Reapplication - All Licence Types' at \$250.00*, 'Amendment - Name Change' at \$50.00, '2014 Annual Filing' at \$120.00, and '2014 Annual Filing, including Late Filing Fee' at \$215.00.

Where an application is made and subsequently withdrawn, denied, or not proceeded with, the application will be closed and only the fee collected on behalf of the provincial government will be refunded. The provincial government fee is either \$25.00 or \$50.00.

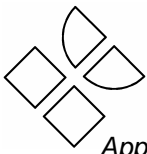
*For licences issued effective 01 March 2014 to 31 May 2014, the first filing date will be 01 June 2015. As these licences are issued for more than one year, licensees are required to meet two years of continuing education requirements and the application fee includes a \$50.00 government fee.

OTHER LICENSING TRANSACTIONS

Table with 2 columns: Description and Fee. Includes 'Reprint of Original Licence Certificate' at \$25.00, 'Licence History' at \$25.00, 'Disciplinary History' at \$25.00, and 'Copy of Previously Issued Examination Results' at \$25.00.

Accepted methods of payment: cheque, cash, or money order in Canadian funds only.

Cheques should be made payable to the Insurance Council of British Columbia. Council does not accept post-dated cheques.



OFFICE USE ONLY	
CLIENT ID	FILE NUMBER
\$	
APPROVED BY	

Applications Received Without Fees Will Not Be Processed or Reviewed and Will Be Returned to the Applicant.

FORM 2 – INDIVIDUAL APPLICATION FOR FIRST INSURANCE LICENCE OR RE-APPLICATION

FOR APPLICATION INSTRUCTIONS AND FEE INFORMATION GO TO www.insurancecouncilofbc.com

Freedom of Information and Protection of Privacy Act: The information requested is collected under the authority of and used for administering the Financial Institutions Act. If you have any questions about the collection and use of this information, please contact our office.

- 1. LICENCE REQUESTED (SELECT ONE ONLY) OR EXHIBIT ONLY
(a) Life Insurance (includes Accident & Sickness) Agent Nominee
Accident & Sickness Insurance Agent Nominee
General Insurance Salesperson Level 1 Agent Level 2 Agent Level 3 Nominee Level 3
Insurance Adjuster Level 1 Level 2 Level 3 Nominee Level 3

- 2. APPLICATION FEE
(a) Application fee is attached. YES

- 3. APPLICANT (PRINT CLEARLY)
(a) Full legal name: SURNAME FULL GIVEN NAMES (NO INITIALS)
(b) Trade Name (if Sole-Proprietor):
(c) Residence address: NUMBER STREET CITY PROVINCE/STATE POSTAL/ZIP CODE
(d) Residence telephone number: () -
(e) Email address to receive Council Publications:
(f) If your address for Service is different than 3(c), then please provide:
NUMBER STREET CITY PROVINCE/STATE POSTAL/ZIP CODE

- (g) Have you ever used, or been known by, any name other than the name you entered in Question 3(a)? If YES, attach details and legal documents. YES NO
Maiden Name: Other Names:
(h) Date of Birth: / / (i) Clear copy of picture identification is attached. YES

- 4. AUTHORIZATION AND IF APPLICABLE, AGENCY, FIRM, OR SOLE-PROPRIETORSHIP YOU WILL REPRESENT
(a) Full legal name:
(i) Address: NUMBER STREET CITY PROVINCE/STATE POSTAL/ZIP CODE
(ii) Business telephone number: () - (iii) Fax number: () -
(b) If applying for an agent's licence, do you have the authority to represent at least one insurance company authorized to do business in British Columbia upon issuance of a licence? YES NO
(i) You are currently provided this authority by:
The Agency noted in Question 4(a) OR Directly with an insurer
(ii) Evidence of representation: Is attached OR As previously filed with Council
(iii) Do you have authority to represent more than one insurance company? If YES, attach list of insurer names. YES NO

5. ERRORS & OMISSIONS INSURANCE (“E&O”)

- (a) I am covered or will be covered prior to acting as a licensee for E&O which meets the requirements of Council Rule 7(11) under: My Employer’s E&O policy **OR** A Personal E&O Policy .
- (b) If Sole-Proprietor, my E&O provides coverage to all my licensed authorized representatives: YES NO

6. OTHER BUSINESS ACTIVITIES

- (a) Do you currently, or do you plan to, engage in any business activity other than insurance? If YES, attach details. YES NO

7. PRIOR LICENSING OR REGISTRATION

- (a) Have you ever been 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, attach details. YES NO
- (b) Have you ever been refused a licence or registration, or have you been subject to disciplinary action or are you currently under investigation by any organization referred to in 7(a)? YES NO
- (c) Have you ever written or applied to write an insurance licensing examination in B.C. or in any other jurisdiction? If YES, attach details. YES NO
- (d) Do you hold any relevant insurance designations? If YES, specify: _____ YES NO

8. 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:
- offences under federal statutes, such as the *Income Tax Act* and the *Immigration Act*;
 - all Criminal Code offences (including impaired driving);
 - offences for which an absolute or conditional discharge has been granted.
- but not including minor traffic violations or offences for which a pardon has been granted (and not revoked) under the *Criminal Records Act*. YES NO
- Original Criminal Record Check: Is attached **OR** Was/will be sent under separate cover .
- (b) Have you personally, or has any business of which you are or were an officer, director or partner, ever been subject to bankruptcy proceedings? YES NO
- (c) Are there any pending legal proceedings against you or against any business of which you are an officer, director or partner? YES NO
- (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 or partner, in any civil court in British Columbia, or elsewhere, for any reason whatsoever? YES NO

If you answered YES to any of the above, attach details as an exhibit, using the same number as above.

9. APPLICANT DECLARATION

- I declare the information contained in this application, including attachments, is true and complete;
- I understand the information which I have provided will be used to investigate my suitability for licensing, including criminal record checks;
- I also understand it is an offence under the *Financial Institutions Act* to make a material misstatement to the Insurance Council of British Columbia.

DATE SIGNATURE OF APPLICANT PRINT NAME

10. CERTIFICATE OF APPROVAL BY INTENDED AGENCY OR FIRM

We have reviewed the details contained in this application, including all exhibits, and confirm we support this application. We understand 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 advise you where there are issues related to the applicant’s suitability or conduct as a licensee.



1. New Life and/or A&S Agent Information

Full Legal Name: [text box]

File or Licence Number (If Other Than a First Time Applicant): [text box]

This Form Represents:

Part of a Licence Application: [checkbox] OR Appointment of New Supervisor: [checkbox]

2. Applicant/Licensee Qualified Designations

I currently hold one of the following designations and am requesting a reduction in the 24 month supervision requirement under Council Rules:

Chartered Life Underwriter: [checkbox] Certified Financial Planner: [checkbox] Registered Financial Planner: [checkbox]

Please attach a copy of your designation. By signing below, you are confirming that your designation is current. If you have any questions as to whether your designation is current, please call the organization that granted the designation.

Note: If you do not have one of these designations – leave this section blank and proceed to number 3.

3. Signature

Applicant or Licensee: [text box] Date Signed: [D D M M M Y Y Y Y]

4. Supervisor Declaration

I agree to supervise this Applicant / Licensee in accordance with Council Rules and publications. I understand my responsibilities, including the requirement to notify Council in writing within five (5) business days if I cease to act as the Applicant / Licensee's supervisor; and to include in the notification the reasons for withdrawing as supervisor if they relate to the person's suitability or conduct as a licensee.

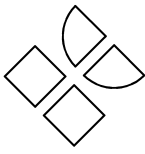
5. Supervisor Information and Signature

Full Legal Name of Supervisor: [text box]

File or Licence Number: [text box]

Signature: [text box] Date Signed: [D D M M M Y Y Y Y]

Note: Any Supervisor seeking an exemption to the minimum five years' experience requirement must make a separate submission outlining his or her qualifications, including confirmation of licensed experience in another Canadian jurisdiction, if applicable. Once an exemption is granted, a Supervisor does not need to resubmit the request with subsequent Supervisory Undertakings.



**INSTRUCTIONS FOR COMPLETING
FORM 2 - INDIVIDUAL - APPLICATION FOR FIRST INSURANCE LICENCE
OR RE-APPLICATION**

TO ENSURE THAT YOUR LICENCE IS PROCESSED WITHOUT UNNECESSARY DELAY, PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY.

The instructions are referenced to the numbers and letters on the *Form 2 – Individual - Application for First Insurance Licence or Re-application* form.

If information on the application form is missing there will be unnecessary delays (*it means you cannot start work*). If you meet all the requirements set out on this form, Council will do a complete review of your application within ten working days. After five working days, we suggest you periodically visit our website, www.insurancecouncilofbc.com, under *Search Licensees* to see if your licence has been issued.

1. LICENCE REQUESTED OR EXHIBIT ONLY

- a) If licence requested, check only one licence type.

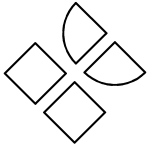
2. APPLICATION FEE

- a) The application must be accompanied by the correct application fee. For a current fee schedule, refer to our website, under *Form Links*. We do not accept post-dated cheques.

Applications that are not submitted with the appropriate fee will be returned to the applicant, unprocessed.

3. APPLICANT

- a) This is the name that appears on your birth certificate or passport. Your name must be shown in full. **Do not use initials.**
- b) If you are a sole-proprietor and doing business under a trade name, the trade name must be registered with the BC Corporate Registry.
- c) Enter your residence address (Apartment, Street, City, Province/State and Postal Code/Zip Code).
- d) Enter your residence phone number including area code.
- e) Enter your email address. Email is used to distribute Council publications.
- f) Complete this only if your address for service will be different than your residence address. A service address is one where once a document is delivered to that address, it is deemed received by the licensee.
- g) Other Name can mean your maiden name or, if you had your name legally changed, the name you had prior to the change. If you have used other variations of your name in business or day-to-day life, enter those as well. If you need more room, attach a sheet of paper with this information to the application form. If you legally changed your name, please attach copies of the name change documentation.
- h) Enter your date of birth.
- i) Attach a CLEAR copy of your picture identification. A copy of your driver's licence or passport picture page is suitable, as long as the picture and particulars are clear and readable.



4. AUTHORIZATION AND IF APPLICABLE, AGENCY, FIRM OR SOLE-PROPRIETOR YOU WILL REPRESENT

- a) If you will be representing a licensed insurance agency, firm, or sole-proprietor, its full legal name should be recorded here. Otherwise, leave this blank.

(i), (ii) and (iii) – Record the business address and phone and fax numbers of the location from which you will be working, if different from your residential address.
- b) Authority to represent an insurer can be demonstrated by a copy of a contract entered into with an insurer, a letter from an insurer confirming your authority to represent them, or confirmation from the agency named in Question 4(a) that they can delegate authority on behalf of an insurer.

If No, a licence cannot be granted. If Yes, complete (i), (ii) and (iii).
 - (i) Check one box only.
 - (ii) Check one box only.
 - (iii) If Yes, attach list with the name(s) of the insurance company (ies).

5. ERRORS & OMISSIONS INSURANCE (“E&O”)

- a) Check one box only.
- b) Complete if you are a Sole-Proprietor. Check one box only.

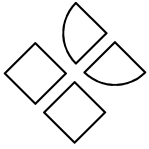
6. OTHER BUSINESS ACTIVITIES

- a) Provide details regarding any business activities (including other employment) you plan to engage in once a licence is issued.

Applicants should read Council's Notice ICN 13-003 Conflict of Interest Guidelines and review the *Other employment* section. This notice is available on Council's website under *Publications / Notices*.

7. PRIOR LICENSING OR REGISTRATION

- a) If you hold or have ever held a licence or registration with another regulator or professional association, you must indicate this on your application form, regardless of when or where you held such a licence or registration. List when you held the licence or registration and where. If you are not sure of the date, list the approximate dates and note that the dates are to the best of your recollection.
- b) If Yes, you must attach to the application a detailed submission outlining when and where this happened and the reasons for the action.
- c) If Yes, you must specify when and where. Attach the results to the application. If the examination occurred over one year ago and you are no longer sure of the dates etc., provide approximate dates and note that the dates are to the best of your recollection.
- d) If you hold any insurance industry education designation, such as CLU, CFP, AIIC, CAIB, etc., it is important that you state this and attach copies of your designation.

**8. BANKRUPTCY, JUDGMENTS, CRIMINAL OR CIVIL PROCEEDINGS**

- a) List any charge currently facing you or any conviction you have ever had under the laws of Canada or any other country. This includes all charges or convictions (impaired driving must be reported). **Regardless of what anyone tells you, all convictions no matter how “minor” or how old must be disclosed.** Non-disclosure could result in Council refusing to issue a licence. You are not required to disclose any conviction for which you have received a pardon. Note: You must apply for and obtain a pardon – passage of time itself does not grant you a pardon.

If Yes, you must outline the date of the incident, the actual charge, sentence imposed and the events leading up to the charge. Attach these details to the application.

Original Criminal record checks must accompany first applications for licensing that are received by Council. The requirement to provide verification of a criminal record applies to individuals seeking a general, life, A&S, or adjuster insurance licence, where:

- the person has never held a licence with Council; OR
- the person has not held a general, life, A&S, or adjuster licence with Council within the past 5 years.

- b) This applies to a personal bankruptcy and the bankruptcy of any business that you have or had an interest, as an officer, partner or director. If Yes, outline in writing the date, amount and details leading up to each bankruptcy as well as the current status. Include a copy of the discharge document if applicable. Attach these details to the application.
- c) If Yes, provide in writing a brief overview of the proceedings, your involvement and expected trial dates. Attach these details to the application.
- d) If Yes, include full details in writing. Include the date, amount and events leading to the judgment and the current status. Attach these details to the application.

9. APPLICANT DECLARATION - READ APPLICANT DECLARATION CAREFULLY

You are reminded that your licence can be denied or revoked, or you may be disciplined if you are found now or later to have made a material misstatement on this application. A material misstatement can be a dishonest or misleading statement. It can also be the omission of information that you ought to have known with the exercise of due diligence. **Ensure you check with any appropriate agency and conduct due diligence before finalizing the information you supply.**

Sign the application and provide it to the insurance agency, firm or sole-proprietor for signing. Do not send it to Council without one of the above reviewing the application and signing it.

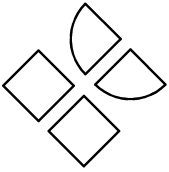
10. CERTIFICATE OF APPROVAL BY INTENDED AGENCY OR FIRM

This is to be completed and signed by an authorized signing authority of the agency, firm or sole-proprietorship.

11. NEW LIFE AND / OR A&S APPLICANTS

In accordance with Council’s Notice ICN# 12-005, all individuals receiving a Life and / or A&S licence effective September 1, 2012 or later, who have either never been licensed or have not been licensed for the same class in the previous 24 months must have a supervisor. This Notice can be found on our website under *Publications – Notices*. All New Agents and their supervisors must complete the enclosed Supervisory Undertaking as part of the application.

If you need more information, please consult our website at www.insurancecouncilofbc.com.



CONTINUING EDUCATION RE-APPLICATION SUPPLEMENT FOR LIFE AND/OR ACCIDENT AND SICKNESS INSURANCE AGENTS

READ CAREFULLY BEFORE COMPLETING

The number of hours you required during your last licence period depends on whether you had an approved designation at the time, and the length of time you had held a licence. It is important to note that only technical education qualifies.

If you have any questions, please go to Council’s website and choose Continuing Education under the menu items and read the requirements thoroughly before completing this form.

Your re-application will not be considered unless this form is fully completed and you have met the continuing education requirements.

1. Name: _____ File / Licence Number: _____

2. List the continuing education you completed for your last licence period. If you require additional space, attach a separate list.

Table with 4 columns: Date, Course Name, Course Provider, Hours Credited. It contains 5 empty rows for data entry.

3. Read the following acknowledgement carefully and if you are in agreement, sign and date this form before submitting.

I Declare:

- I have proof of attendance for each of the listed courses.
I understand that I must maintain the proof of attendance for a period of 5 years from the date of this re-application.
I understand that providing false information to Council can reflect on my suitability to hold an insurance licence.

Signature _____

Date _____

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