

**SECTION 1 APPLICANT DECLARATION**

Please confirm you have fully read and agree to the below certification:	
<input type="checkbox"/>	The information contained in this application, including attachments, is true and complete.
<input type="checkbox"/>	I understand that it is an offence under the <i>Financial Institutions Act</i> to make a material misstatement to the Insurance Council of British Columbia ("Insurance Council"). I understand that making a material misstatement to the Insurance Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.
<input type="checkbox"/>	I understand that the email address provided on this application form will be used for Insurance Council correspondence and publications.

<p align="center"><b><i>Freedom of Information and Protection of Privacy Act</i></b></p> <p>Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the <i>Financial Institutions Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i>. Questions about the collection, use, or disclosure of your personal information can be directed to the Insurance Council of British Columbia by email at <a href="mailto:info@insurancecouncilofbc.com">info@insurancecouncilofbc.com</a> or by telephone at (604) 688-0321.</p>
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**SECTION 2 AGENCY OR ADJUSTING FIRM INFORMATION**

Full Legal Name:	
Trade name(s) (if applicable):	
Licence Number:	
Licence Class:	<input type="checkbox"/> Life, and Accident and Sickness <input type="checkbox"/> Adjuster <input type="checkbox"/> General Insurance <input type="checkbox"/> Accident & Sickness

**SECTION 3 NOMINEE INFORMATION**

The information below pertains to the <b>newly appointed nominee</b> . The nominee must be licensed in BC under the same class as the agency/firm, or in the process of applying for a licence with the Insurance Council.	
Full Legal Name of Nominee:	
Business Phone:	
Email:	
Licence Number (if applicable):	
Licence Class:	<input type="checkbox"/> Life, and Accident and Sickness <input type="checkbox"/> Adjuster <input type="checkbox"/> General Insurance <input type="checkbox"/> Accident and Sickness
Effective Date of Appointment (mm/dd/yyyy):	

The information below pertains to the <b>previous appointed nominee</b> . If the individual is downgrading, please provide details.		
Full Legal Name of Nominee:		
Licence Number:		
Will the previous appointed nominee continue to represent the Agency/Firm? If no, please indicate the date the authorization is/will be removed: End Date of Appointment (mm/dd/yyyy): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## SECTION 4 NOMINEE SIGNATURE

I, the undersigned, confirm that I meet the requirements outlined under [Council Rule 2\(11\)](#) to act as a nominee for the agency/firm cited in Section 1, and I have read and understand the [nominee responsibilities](#) outlined on the Insurance Council's website.

Signature of Newly Appointed Nominee \_\_\_\_\_

Date Signed (mm/dd/yyyy) \_\_\_\_\_

## SECTION 5 APPROVAL AGENCY OR ADJUSTING FIRM

Note: This section must be completed and signed by a major shareholder, director, officer or partner of the agency/firm.

We understand we are required to notify the Insurance Council in writing within five (5) business days if this nominee ceases their role as a nominee for our Agency or Firm, and to advise the Insurance Council where there are issues related to the licensee's suitability or conduct as a licensee.

Signature of Major Shareholder/Director/Officer/  
Partner \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Date Signed (mm/dd/yyyy) \_\_\_\_\_

Completed forms should be emailed to: [licensing@insurancecouncilofbc.com](mailto:licensing@insurancecouncilofbc.com).

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

For details on the licensing process, refer to the Insurance Council of British Columbia's website at [insurancecouncilofbc.com](http://insurancecouncilofbc.com).