

**SECTION 1 APPLICANT DECLARATION**

Please confirm you have fully read and agree to the below certification:

- ☐ 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 I have provided will be used to investigate my suitability for licensing, including police information 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 ("Insurance Council"). I understand that making a material misstatement to the Insurance 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 Insurance Council correspondence and publications.

***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):		
Email:		
Trade Name(s) (if applying as a sole proprietor):		
Is the above trade name(s) registered with BC Registry Services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**SECTION 3 RESIDENTIAL (HOME) ADDRESS**

Address:
----------

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

## SECTION 4 SERVICE (MAILING) ADDRESS

Complete this section only if you prefer to have Insurance 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
Restricted 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 the Insurance Council.**

## SECTION 6 LICENCE REINSTATEMENT

Complete this section only if you are applying under the [Reinstatement Provision](#). Former licensees may be eligible to reinstate their licence, without needing to re-take the qualifying education, under the reinstatement provision if they previously held a licence within the last 2 years. Please note Insurance Council will not consider an application under the reinstatement provision until the applicant can attest (or provide evidence upon request by staff) to having completed the requisite amount of Continuing Education ('CE') credits in the year their previous licence was cancelled. For more information about CE requirements see [here](#).

(a) Did you previously hold the same licence class?

YES ☐

NO ☐

(b) Do you qualify to apply under the reinstatement provision?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Have you met the CE credits for your last held licence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**SECTION 7 AUTHORIZATION TO REPRESENT**

Agency, direct writer (general applicants only), adjusting firm, or sole-proprietorship you will represent (this section is not applicable to independent/unaffiliated life agents).		
Full Legal Name:		
Trade Name(s) (if applicable):		
Address:		
City:	Province:	Postal Code:

**SECTION 8 INSURER REPRESENTATION**

This section is only for life and/or accident and sickness, general sole-proprietor, or restricted travel sole-proprietor insurance licence applicants.	
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 9 ERRORS AND OMISSIONS (E&O) INSURANCE COVERAGE**

The below sub-section is only for life and/or accident and sickness and sole-proprietor insurance licence applicants. Applicants are required to provide confirmation of E&O insurance coverage under Council Rule <a href="#">7(11)</a> .		
Are you covered by E&O insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
You have completed and attached the <a href="#">Confirmation of E&amp;O Insurance Form</a> , or attached a copy of your E&O certificate of insurance to the application.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The below sub-section is only for general and adjuster insurance licence applicants. Applicants are required to provide confirmation of E&O insurance coverage under Council Rule <a href="#">7(11)</a> .		
Do you have coverage for E&O insurance through the insurance agency/firm you will represent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>If the Insurance Council does not have current confirmation of E&amp;O insurance coverage on file, we will contact you and the agency/firm you will represent to provide confirmation of coverage.</b>		

The below sub-section is only for general applicants who are a direct employee of an insurer and only sell products of that insurer. Please refer to Council Rule [7\(11\)\(b\)](#).

I have reviewed Council Rule <a href="#">7(11)(b)</a> and confirm the exemption applies to me.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you an employee of the insurer and only sell products of that insurer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**SECTION 10 OTHER BUSINESS ACTIVITIES**

(a) Do you have other employment and/or other work/volunteer activities? If yes, attach a completed <a href="#">Conflict of Interest Request for Review</a> form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

**SECTION 11 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"/>
--	------------------------------	-----------------------------

**SECTION 12 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"> <li>• Offences under federal statutes, such as the <i>Income Tax Act</i> and the <i>Immigration Act</i>;</li> <li>• All Criminal Code offences (including impaired driving);</li> <li>• 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>.</li> </ul>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Have you personally, or has any business of which you are or were an officer, director, partner, or controlling shareholder ever been subject to bankruptcy proceedings or consumer proposal? If yes, please attach a copy of your bankruptcy discharge documents and/or Certificate of Full Performance.  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 your most recent Statement of Affairs.  If your bankruptcy proceeding and/or consumer proposal is pending, please forward documentation from your Licensed Insolvency Trustee confirming your bankruptcy proceeding and/or consumer proposal is in good standing and payments are up to date.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(c) Are there any pending legal proceedings against you or against any business of which you are an officer, director, partner, or controlling shareholder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(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 controlling shareholder in any civil court in British Columbia, or elsewhere, for any reason whatsoever?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>If you answered YES to any of the above, provide details on a separate page.</b>		

**SECTION 13 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](#).

I have read and completed Section 15 – Application Checklist ☐.

Signature of Applicant

Print Name

Date Signed (mm/dd/yyyy)

**SECTION 14 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, in writing, within five (5) business days, if this applicant's authority to represent our agency or firm ceases, and to advise the Insurance 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)

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 Insurance Council of British Columbia's website at [insurancecouncilofbc.com](http://insurancecouncilofbc.com).

## SECTION 15 APPLICANT CHECKLIST

Before submitting your application to the Insurance 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.
- ☐ See [licence application fee schedule](#) for current application fees. You will be contacted via email in regard to payment instructions. **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).
- ☐ Upon request, you are able to provide evidence that you have completed the requisite amount of [Continuing Education](#) ('CE') credits in the year your previous licence was cancelled.

*Only applicable if applying under [Reinstatement Provision](#). See section 6.*

- ☐ A criminal record check dated within the last 90 days is enclosed or will be sent separately. The Insurance Council has partnered with a third-party service provider, Triton Canada, to provide applicants with a convenient and cost-efficient way to obtain a criminal record check. Online checks must be completed through the direct [Triton link](#) from our website as external Triton Canada links are not verified and cannot be accepted. Please see [here](#) for more information on how to obtain your criminal record check through Triton Canada.

Criminal record checks can also be obtained through your residing municipal police or RCMP detachment. Please print out the [Open Letter to All Police Agencies](#) and provide it when requesting your criminal record check. Send your criminal record check, embossed or dry-stamped criminal record check, to the Insurance Council's office by mail or courier. Do not email a copy of the criminal record check with your application, as the original criminal record check is required. Please see [here](#) for more information on in-person criminal record checks.

Criminal record checks are not required for Trainee applicants, non-resident applicants licensed in other Canadian provinces, applicants applying for a licence under the reinstatement provision, or applicants under the age of 18.

Please note: If you have resided in Canada for less than five years, a criminal record check from the country you have previously resided in is also required. For more information about criminal record checks, please see [here](#).

- ☐ You have completed and attached the [Confirmation of E&O Insurance Form](#), or attached a copy of your E&O certificate of insurance to the application (if applicable).
- ☐ The [Supervisor Undertaking](#) form has been fully completed, executed, and is enclosed (if applicable).

- |  |
|--|
| <input type="checkbox"/> The <a href="#">Updated Supervision Guidelines</a> apply to all Life and/or A&S agent applications for licensure received by Insurance Council on or after January 1, 2020. <b>Non-resident</b> applicants who have been actively licensed in their home jurisdiction for the same class, for a minimum of 24 months within the past 4 years, are exempt from this mandatory supervisory requirement.<br>If you qualify for the exemption, please enter the effective date of your non-resident Life and/or A&S agent insurance licence here:<br><br>(MM/DD/YYYY) _____ |
| <input type="checkbox"/> You have completed and enclosed the <a href="#">Conflict of Interest Request for Review</a> form (if applicable).   |
| <input type="checkbox"/> A copy of your Statement of Affairs is enclosed (if applicable).  |
| <input type="checkbox"/> Confirmation of authority to represent is attached (if applicable).   |
| <input type="checkbox"/> Official examination results are attached (unless you completed the LLQP exams in British Columbia).<br><i>Note for <b>online</b> LLQP exams: Only exams written prior to July 1st, 2023 will be accepted.</i>  |
| <input type="checkbox"/> All individuals, including non-residents, whose applications are received by the Insurance Council on or after March 1, 2019, must complete the <a href="#">Council Rules Course</a> to qualify for licensure with the Insurance Council, except those that qualify for licensure under Reinstatement Provision in Council Rule 2(19). Certificate of completion is attached.   |
| <input type="checkbox"/> All signatures and attachments are dated within the last 90 days.   |