SECTION 1   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 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.

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.

Supervisors must complete and submit this form to recommend a New Life and/or Accident & Sickness Agent for unsupervised practice at the conclusion of their supervisory period. Forms should *not* be submitted before the minimum supervision period is complete or before the supervisor is prepared to make the recommendation.

Supervision of the New Life and/or Accident & Sickness Agent must continue until the completed form has been reviewed and approved by the Insurance Council.

Information on supervision requirements can be found on the Insurance Council's website under Licensee Requirements for Individual Life Insurance Agent Licence.

SECTION 2   SUPERVISED LICENSEE INFORMATION

Legal First Name:
Legal Middle Name(s):
Legal Last Name:
Individual Licence Number:

SECTION 3   SUPERVISOR INFORMATION

Full Legal Name of Supervisor:
Licence Number of Supervisor:
Effective End Date of Supervision (mm/dd/yyyy):

Insurance Council
BRITISH COLUMBIA

SECTION 4   SUPERVISOR STATEMENT

Use this section to make your comments regarding the supervised licensee's work and aptitudes, as well as your recommendation for completion of the supervision period. All questions must be completed.		
Period of supervision: From (MM/YYYY) to (MM/YYYY)		
(a) I believe that the supervised licensee complied with Council Rules and all regulatory requirements throughout the supervision period.	YES ☐	NO ☐
If you answered **No**, please explain why. _____ _____		
(b) I believe that the supervised licensee has the knowledge and skills and has demonstrated the conduct and attitudes needed to undertake professional activities as a life &/or A&S agent.	YES ☐	NO ☐
If you answered **No**, please explain why. _____ _____		
(c) I believe that the supervised licensee is able to handle files of a level of complexity corresponding to that usually assigned to individuals with a similar tenure of licenced experience.	YES ☐	NO ☐
If you answered **No**, please explain why. _____ _____		
(d) I affirm that the supervised licensee's work was reviewed throughout the supervision period.	YES ☐	NO ☐
If you answered **No**, please explain why. _____ _____		
(e) I recommend the supervised licensee for an unsupervised licence for life &/or A&S insurance.	YES ☐	NO ☐

If you answered **No**, please explain why.

_____

_____

SECTION 5   SUPERVISED LICENSEE SIGNATURE

I, the undersigned, affirm that all the information being submitted is accurate and complete.

Signature of Licensee:

Date Signed (mm/dd/yyyy):

SECTION 6   SUPERVISOR DECLARATION & SIGNATURE

I, the undersigned, affirm that all the information being submitted is accurate and complete.

Signature of Supervisor:

Date Signed (mm/dd/yyyy):

Completed forms should be emailed to: 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.