

SECTION 1 LICENSEE 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.

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 licensing@insurancecouncilofbc.com or by telephone at (604) 695-2007.

SECTION 2 AGENT LICENCE INFORMATION

Full Legal Name:
Licence Number:
Email Address:
Licence Class: <input type="checkbox"/> Life, and Accident and Sickness <input type="checkbox"/> General Insurance <input type="checkbox"/> Adjuster <input type="checkbox"/> Accident and Sickness

SECTION 3 END AUTHORIZATION TO REPRESENT AND/OR END SUPERVISION

Information of the agency or adjusting firm the agent will no longer be representing.
Name of Agency/Adjusting Firm:
Licence Number of Agency/Adjusting Firm (if applicable):
Licence Class: <input type="checkbox"/> Life, and Accident and Sickness <input type="checkbox"/> General Insurance <input type="checkbox"/> Adjuster <input type="checkbox"/> Accident and Sickness
Effective End Date of Authorization to Represent (mm/dd/yyyy):
Information of the supervisor ending supervision (Life and/or Accident & Sickness only).
Full Legal Name of Supervisor:
Licence Number of Supervisor:
Effective End Date of Supervision (mm/dd/yyyy):

SECTION 4 LICENSEE OR APPROVAL AGENCY/ADJUSTING FIRM SIGNATURE

REMINDER TO ALL LICENSEES, AGENCIES AND SUPERVISORS:

As per [Council Rule 7 \(16.2\)](#) and [Council Rule 7 \(17.2\)](#), it is mandatory for licensees to notify the Insurance Council within five business days when they are no longer representing an Agency, adjusting firm, or general insurance direct writer. It is also mandatory for supervisors to notify the Insurance Council within five business days when they are no longer supervising new life agents under the mandatory supervision period. **If the reason for withdrawing the authorization and/or supervision relates to the individual's suitability or conduct as a licensee, the employer must submit a summary of the reason for the withdrawal.**

Note: Inactive licensees may not conduct insurance business or act as an insurance agent or salesperson.

Inactive licensees are required to:

- Meet [continuing education requirements](#);
- Complete [annual licence renewal](#); and
- Meet [mandatory notification requirements](#).

For information on how to reactivate an inactive licence, see [Activating an Inactive Licence](#) on the Insurance Council's website.

Signature of Licensee/Nominee/Supervisor/
Authorized Individual

Print Name of Nominee/Supervisor/
Authorized Individual (if applicable)

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.