

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 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 Insurance Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.

<i>Freedom of Information and Protection of Privacy Act</i>
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 licensing@insurancecouncilofbc.com or by telephone at (604) 695-2007.

SECTION 2 APPLICANT/ LICENSEE INFORMATION

Licence Number (if applicable):
Full Legal Name:
Class of licence you hold or are applying for:
<input type="checkbox"/> Life, and Accident and Sickness <input type="checkbox"/> Adjuster <input type="checkbox"/> General Insurance <input type="checkbox"/> Accident and Sickness

SECTION 3 DESCRIPTION OF OTHER ACTIVITIES

Enter a brief description of your other business/volunteer activities, including: any supervisory or human resource responsibilities; any direct or indirect authority over others; and actual or estimated start date.
Note: The Insurance Council reserves the right to request a letter of acknowledgment from the organization listed above confirming that they are aware of your application for an insurance licence or your insurance licence.
I have advised all Agencies and/or Firms that I represent or will represent of my other business activities: <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 4 CONFLICT OF INTEREST GUIDELINES FOR YOUR OTHER BUSINESS ACTIVITIES

Are you subject to conflict of interest guidelines for your other business activities? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide a brief description:

SECTION 5 APPLICANT/ LICENSEE SIGNATURE

Before submitting your other business/volunteer activities for consideration, please note:

- If you are not a licensee, a formal review will only be completed with the submission of a fully completed licence application and this form.
- If you are a licensee, the Insurance Council will contact you within 90 days if it has identified concerns with your other business activities.

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](#).

Signature of Applicant / Licensee _____

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.