Reset Form

Insurance Council
BRITISH COLUMBIA

SUPERVISION PROCESS REVIEW STATEMENT

Use of this Process Review Statement is recommended for every file that a supervisor reviews for a New Life and/or Accident & Sickness agent. Both licensees signing this statement should retain a copy for their records.

Information on supervision requirements can be found at *insurancecouncilofbc.com.*

SECTION 1 SUPERVISOR DECLARATION AND SIGNATURE

I, _____ (supervisor), affirm that I hold an insurance licence authorizing me to transact the class of insurance for which I am completing this supervision statement. I also affirm that I am qualified in accordance with Council Rules to act as a supervisor.

I have reviewed the following insurance related material used or prepared by _____ (supervised licensee) for_____ (client) and believe that the insurance applied for is appropriate to the needs and circumstances of the client.

Category of Insurance *(Check one or more)*	☐ Accident & Sickness	☐ Life	☐ Segregated Funds

Purpose of Insurance *(Check one or more)*	☐ Income Replacement ☐ Debt Protection ☐ Business Protection ☐ Estate Preservation ☐ Other (Please Specify):	☐ Education Funding ☐ Charitable Giving ☐ Health & Travel ☐ Group Benefits

Insurance Product(s) Applied for:
Insurance Amount(s) Applied for:

Insurance Application reviewed? *(If no, explain)*	☐ Yes	☐ No	_____
Needs Analysis Reviewed? *(If no, explain)*	☐ Yes	☐ No	_____
Policy Illustrations Reviewed? *(If no, explain)*	☐ Yes	☐ No	_____

Is this a Life Insurance Replacement?	☐ Yes	☐ No
(If Yes, LIRD and Written Comparative Analysis Reviewed?)	☐ Yes	☐ No

Segregated Funds Leveraging?	☐ Yes	☐ No
(If Yes, Disclosure Document Reviewed?)	☐ Yes	☐ No

SIGNATURE OF SUPERVISOR: _____

PRINT NAME AND TITLE: _____

DATE SIGNED (MM/DD/YYYY): _____

SECTION 2 SUPERVISED LICENSEE'S DECLARATION AND SIGNATURE

I, the undersigned, affirm that I have provided to the supervisor signing this Statement, a copy of all material I have used with the named applicant/client.

SIGNATURE OF SUPERVISED LICENSEE: _____

PRINT NAME: _____

DATE SIGNED (MM/DD/YYYY): _____