

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):
