

**The Insurance Council
of British Columbia**
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Date _____
Disclosure: YES NO
Foreign Enquiry
Update

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File Number	Act Category
Approved By	Date of Approval
Restrictions	
\$ _____ App/Co/Agy	
REF.# _____	

"IF THE CHECK PERFORMED BY THE ROYAL CANADIAN MOUNTED POLICE REVEALS A FAILURE BY THE APPLICANT TO ACCURATELY DISCLOSE HIS/HER CRIMINAL HISTORY, RELEASE OF THE APPLICANT'S CRIMINAL RECORD IS HEREBY REQUESTED FOR THE PURPOSE OF CONDUCTING AN INVESTIGATION OF AN OFFENCE: SUCH RELEASE BEING AUTHORIZED BY SECTION 8(2)(A) OF THE PRIVACY ACT."

FORM 2 - PERSONAL

APPLICATION FOR FIRST INSURANCE LICENCE

PART A. This Form:

- (a) is an application for licence (b) has fees attached (c) is an exhibit to Form 1

1. TYPE OF LICENCE REQUESTED

- (a) Category of licence applied for under the Financial Institutions Act: _____
(b) If for General Insurance, state name and licence number of nominee at your location: _____
NOMINEE NAME LICENCE #

2. APPLICANT (Please type or print clearly)

- (a) Full legal name: _____
SURNAME FULL GIVEN NAMES (NO INITIALS)
 (b) Residence address: _____
NUMBER STREET PLACE POSTAL CODE
 (c) Telephone number: _____
 (d) If applicant is a sole proprietor, state the exact name under which the business will operate: _____
(A trade name must be registered with the Registrar of Companies).
 (e) Attach copy of picture identification (eg: B.C. Driver's Licence) YES

3. INTENDED EMPLOYER OR SPONSOR

- (a) Full Legal name of employer: _____
 (i) Address: _____
NUMBER STREET PLACE POSTAL CODE
 (ii) Telephone number: _____
 (b) If working from a location other than 3 (a), state telephone number: _____ and address: _____
NUMBER STREET PLACE POSTAL CODE
 (c) If applying for a Life insurance licence, state the name of insurer/sponsor you will represent: _____

PART B.

4. PERSONAL HISTORY (If answer to "(e)" or "(f)" is YES, attach details as an exhibit).

- (a) Date of birth: _____ (d) Place of birth: _____
DAY, MONTH, YEAR CITY, PROV., COUNTRY
 (b) Citizenship: _____ (e) Have you at any time resided in a country outside
COUNTRY of Canada? YES NO
 (c) Social Insurance No.: _____ (f) Have you ever used, or been known by, any
 name other than the name mentioned for
 Question 2. (a)? YES NO
 Maiden Name: _____
 Other Names: _____
 (attach legal documents).

5. EMPLOYMENT HISTORY

- (a) Outline your business activities during the past 5 years, including any periods of self-employment or unemployment. If necessary, attach a separate sheet.

NAME AND ADDRESS OF EMPLOYER	NATURE OF EMPLOYMENT	FROM D/M/Y	TO D/M/Y
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (b) Do you currently, or do you intend, to engage in any other occupation or business activity in addition to insurance?
If so, please outline details: _____
 (Level 1 Life and/or Accident and Sickness Insurance applicants are restricted with respect to additional occupations or business activities.)

6. PRIOR LICENSING OR REGISTRATION

(a) Have you ever been licensed or registered in any capacity, under any of the following acts or under similar legislation in British Columbia or elsewhere?

- (i) Commodity Contract Act
- (ii) Insurance Act
- (iii) Investment Contract Act
- (iv) Mortgage Brokers Act
- (v) Real Estate Act
- (vi) Securities Act
- (vii) Financial Institutions Act

If yes, please advise date and location _____ PROVINCE/COUNTRY _____

(b) Have you ever been refused a licence or registration, or has your licence or registration ever been suspended or cancelled, under any of the Acts mentioned in Question 6 (a) or under similar legislation in British Columbia or elsewhere? (attach exhibits). YES NO

(c) Do you hold an AIIIC, FIIC, CIB, CLU, LUATC, or similar designation which may exempt you from examination requirements? YES NO

If yes, please **attach** confirmation.

(d) Have you ever written or applied to write a licensing examination in B.C., or in any other jurisdiction? (Please attach copy of results.) YES NO

If yes, please advise date and location _____

7. BANKRUPTCY, JUDGMENTS, CRIMINAL OR CIVIL PROCEEDINGS

(a) Have you ever pleaded guilty or been convicted, or are you currently charged, under any law of any province, state or country, including:

- offences under federal statutes, such as the Income Tax Act and the Immigration Act;
- all Criminal Code offences (including impaired driving);
- offences for which an absolute or conditional discharge has been granted;

But not including minor traffic violations or offences for which a pardon has been granted (and not revoked) under the Criminal Records Act: YES NO

(b) Have you personally, or has any business of which you are or were an officer, director or partner, ever been subject to bankruptcy proceedings? YES NO

(c) Are there any pending legal proceedings against you or against any business of which you are an officer, director or partner? YES NO

(d) Has any judgment, which is unsatisfied, ever been rendered against you personally or against any business of which you were at the time an officer, director or partner, in any civil court in British Columbia, or elsewhere, for any reason whatsoever? YES NO

If you answered YES to above, please complete details as an exhibit using the same numbering as on this application.

8. As Applicant:

- I declare the information contained in this application and attachments is true and complete;
- I understand the information which I have provided will be used to investigate my suitability for licensing, including a check by the RCMP for any criminal record;
- I also understand it is an offence under the Financial Institutions Act to make a material misstatement on an application for licence and it may be an offence under the Criminal Code.

Dated _____ 19____

SIGNATURE OF APPLICANT

TYPE/PRINT NAME

9. CERTIFICATE OF APPROVAL BY INTENDED EMPLOYER OR INSURER

We are satisfied through personal knowledge or from inquiries that this applicant:

- (i) has a good business reputation, and
- (ii) is qualified for the business in which he/she will engage.

We approve this application.

We will immediately notify the Insurance Council of B.C., in writing, if this applicant's employment is terminated or if the applicant ceases to represent our company and advise you of the reasons.

Dated _____ 19____

NAME OF EMPLOYER OR INSURER

SIGNATURE

TYPE/PRINT NAME

TITLE OF OFFICIAL SIGNING

(Applications for life insurance licenses must be signed by an authorized representative of the licensed life insurance company the licensee will represent. General insurance applications must be signed by the intended employer).