

THE INSURANCE COUNCIL OF BRITISH COLUMBIA

Suite 300, 1040 W. Georgia Street, P.O. Box 7

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INSTRUCTIONS FOR COMPLETION FORM 2 - PERSONAL APPLICATION

PLEASE FOLLOW INTRUCTIONS TO ENSURE THAT YOUR LICENCE IS PROCESSED WITHOUT UNNECESSARY DELAY. OUR AVERAGE PROCESSING TIME IS 7-10 BUSINESS DAYS. VOLUMES MAY AFFECT PROCESSING TIME. WE ASK THAT YOU DO NOT CALL OUR OFFICE PRIOR TO THE EXPIRY OF 9 BUSINESS DAYS.

The Council requires a fully completed application in order to consider issuing a licence. All first applications MUST include proof of the successful completion of the necessary education requirements (i.e. Council Qualifying Exam, Fundamentals of Insurance, CAIB, etc.)

- This form is completed by all individuals applying for a first licence (reinstatement, officers or directors) *All out of province applicants must provide a non-resident endorsement letter.*
- Sections which are answered "yes" must have exhibits attached.
- Section referring to "other names" must include "maiden" name if applicable, and be accompanied by copies of legal name change (except for marriage).
- Licensing fee for two years is \$230.00 and must accompany the application.
- Applications for Life/Personal Accident and Sickness Insurance, must be approved by an authorized signing officer of the sponsoring Life Insurer.
- If dually licensed - Securities - consent letter from the security company and the life insurer must be submitted, both stating that they have no objections to the individual holding a security/life licence.
- If you are applying for a general insurance licence, please state name and licence number of the Level 3 Nominee at your location.
- If you are applying for a Level 2 Life licence, and intend to engage in another occupation; consent letters are required from the "other" employer and sponsoring Life Insurer.

If you are currently licensed for life insurance and wish to become licensed for general insurance or real estate (or vice versa) through non-affiliated employers, the following is required:

- a) consent letters from both employers;
- b) business card must indicate licensing with both employers (front/back). Please forward a copy of the business card;
- c) must work out of the general insurance location; and
- d) must confirm in writing to Council your understanding that you are under the supervision of the Level 3 Nominee.

In order to assist us in eliminating unnecessary delays, please pay particular attention to the following questions on the application, as they are where problems most often arise:

SECTION 2. Applicant

Full legal name including all middle names must appear (no initials). *PLEASE FORWARD COPY OF CURRENT DRIVER'S LICENCE, PASSPORT PICTURE PAGE, IMMIGRATION CARD OR B.C. PICTURE ID.*

SECTION 4 E: Residence Outside Canada

If you have resided in Canada for less than FIVE years, we require the dates and location of any period of residence outside Canada. We also require the following from:

1. Hong Kong Applicants:

Old Passport

New Passport

(a) photocopies of the following:

- i) passport picture
- ii) passport identity number
- iii) Hong Kong ID card number located at back of passport
- iv) passport validity page;

picture page
holder's name in Chinese Commercial Code
most recent residential address outside Canada
full legal name in Chinese characters
weight, height, eye and hair colour

(b) most recent residential address outside Canada;

(c) full legal name in Chinese characters;
(d) weight, eye and hair colour.

2. U.S. or U.K. Applicants:

(a) most recent residential address outside of Canada.

3. Most Other Countries:

- (a) a photocopy of your passport picture page;
- (b) most recent residential address outside of Canada; and
- (c) height, weight, eye and hair colour.

SECTION 4 F: Other Names

If applicable, please provide us with your maiden name. If you have had a legal name change other than marriage, please forward photocopy of legal name change document.

SECTION 5 A: Employment History

Remember to include any periods during which you were unemployed or self-employed.

SECTION 5 B: Current Employment

This question must be answered. If "yes", please provide details; if "no", please confirm and include the date you terminated your previous employment.