

**Canadian Council of Insurance Regulators  
Personal Information Return  
Appendix I**

To be completed for each senior officer, director and significant shareholder (i.e. ownership of 10% or more of the company's shares). It is anticipated that the incorporating regulator may request background checks, including criminal record searches. Applications for British Columbia requires a Personal Information Return, please contact [filings@bcfsa.ca](mailto:filings@bcfsa.ca) for additional information.

**Part A - General Information**

**1. The Form being submitted is:**

- A New Submission  
 To Update Existing Information

**2. The Personal Information is for:**

- Senior Officer  
 Director  
 Shareholder (controlling 10% or more of voting shares)

**3. Name of Insurer:**

**4. Full Legal Name of Individual:**

Last name

First name

**5. If applicable, list all previous names:**

Last name

First name

X	_____	_____
+	_____	_____

**6. Residence (full address and telephone number):**

Street address

Apt./Unit

City Province/State Postal Code/Zip Telephone Number

**7. Date and Place of Birth:**

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Date (yyyy/mm/dd)      Place of Birth

**8. Drivers' Licence Number (jurisdiction):**

**9. Citizenship:**

**10. If you were born outside of Canada, please indicate the date of your arrival in Canada:**

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Date (yyyy/mm/dd)

**11. Have you, at any time, resided in a country outside of Canada?**

- Yes  
 No

**12. If yes, please indicate the dates and locations (country, state, province or territory) of each residency**

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Date (yyyy/mm/dd)	Location
<input checked="" type="checkbox"/> From: _____ To: _____	_____
<input type="checkbox"/> +	

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## Part B - Employment Information and Education

### 1. Current Employment:

Position/Occupation

Name of Employer

#### Employers address

Street address

Apt./Unit

City

Province/State

Postal Code/Zip

Telephone Number

Ext.

Email Address

Start Date (yyyy/mm/dd)

### 2. Employment History (provide name of previous employers, addresses, kind of business, titles, responsibilities, employment dates, and if applicable, reasons for leaving):

Employer

Date (yyyy/mm/dd)

From: \_\_\_\_\_ To: \_\_\_\_\_

Details

X

+

**3. Education (provide dates, school and degree, if obtained):**

School and degree

Date (yyyy/mm/dd)

From \_\_\_\_\_ To: \_\_\_\_\_

X
+

**Part C - Other Information**

**1. Memberships/Professional Associations (provide designation, if applicable):**

X	
X	
X	
+	

**2. Directorates held (indicate if affiliated or unaffiliated):**

X	
X	
X	
+	

**3. Companies in which person owns or controls 10% more of the voting shares:**

X	
X	
X	
+	

4. **Have you ever been convicted of, or are you currently charged with an offence, under the CRIMINAL CODE of Canada, provincial/territorial legislation or the legislation of any jurisdiction outside of Canada, for which you have not been granted a pardon (includes impaired driving but not minor traffic offences)?**  Yes  No

If yes, provide the type and details of the conviction or offence:

5. **Has any disciplinary action been taken against you by professional organizations or self-regulatory bodies, or civil judgements where monetary awards have been made, but not satisfied, or findings of liability against you involving fiduciary, trust or fraud claims?**  Yes  No

If yes, please provide the type and details of the judgement or action:

6. **Under the laws of any province, territory, state, or country, have you ever: (a) been petitioned into bankruptcy, (b) made a voluntary assignment in bankruptcy, or (c) filed a proposal under any bankruptcy or insolvency legislation?**  Yes  No

If yes to either (a) or (b) above, provide the following: Date of Assignment or Receiving Order (yyyy-mm-dd) Date of Absolute Discharge (yyyy-mm-dd)

\_\_\_\_\_

\_\_\_\_\_

If Conditional, Date of Conditional Discharge (yyyy-mm-dd) If Conditional Discharge, provide description of conditions:

\_\_\_\_\_

Cause of the Bankruptcy / Insolvency:

If yes to either (c) above, provide the date of Assignment or Receiving Order (yyyy-mm-dd)

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I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief. I consent to the regulator requesting any criminal record searches and also authorize and request any and all former employers and any other person requested to furnish to the regulators, or any agent acting on their behalf, any information they may have concerning my credit worthiness, character, ability, business activities, educational background, general reputation and, in the case of former employers, my employment history with them and the reasons for my leaving them. I hereby release each such employer and each such other person from any and all liability of whatever nature by reason of furnishing such information to the regulators or any agent acting on their behalf.

I understand that the regulators may also request additional information from me to enable them to evaluate this return. I also understand that I have certain duties and obligations imposed upon me by the legislation in each licensing jurisdiction and that it is my responsibility to fully understand these duties and obligations.

Dated and Signed this day of \_\_\_\_\_ 20\_\_\_\_\_ at \_\_\_\_\_

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Signature

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(Print name)