



FULL BROKERAGE AND ASSOCIATE MEMBERSHIP APPLICATION

Please print clearly and return completed form to IBABC as soon as possible.
Application form will not be processed unless completed accurately.

Statement of Confidentiality

The Insurance Brokers Association of B.C. assures that the answers to the following questions will be treated with the strictest confidentiality in compliance with the Federal Personal Information Protection and Electronic Documents Act (PIPEDA) and the Provincial Personal Information Protection Act (PIPA) which protects an individual's right to privacy. For more information on our Privacy Policy, please contact our Privacy Officer.

1. BROKERAGE AND ASSOCIATE MEMBERSHIP

1.1 CONTACT INFORMATION

| | | |
|---------------------------------|-----------|------------------|
| Name of Brokerage/Agency: | | |
| Address: | City: | Prov: |
| Postal Code: | Web Site: | Corporate Email: |
| Telephone: | Fax: | |
| Key Contact of Principal/Owner: | Position: | E-mail: |

1.2 TYPE OF ENTITY (Please mark appropriate box)

- Incorporated
 General Partnership
 Limited Partnership (created under the provisions of a provincial or other statute)
 Individual or sole proprietorship

1.3 CORPORATE

If brokerage is incorporated, list the names of shareholders and the percentage of voting shares held by each shareholder.

| Shareholders | Voting Shares (%) |
|--------------|-------------------|
| a) | |
| b) | |
| c) | |

| | |
|----|--|
| d) | |
| e) | |

1.4 GENERAL PARTNERSHIP

If brokerage is a general partnership entity, please list the names of the partners and percentage of interests held by each partner:

| Name of Partner(s) | % of Interest |
|---------------------------|----------------------|
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |

For each partner that is incorporated, list the names of its shareholders and the percentage of voting shares held by each shareholder:

| Name of Partner(s) | % of Interest |
|---------------------------|----------------------|
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |

1.5 LIMITED PARTNERSHIP

If brokerage is a limited partnership, please list the name(s) of partners:

| Name of Partner(s) | % of Interest |
|---------------------------|----------------------|
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |

For each limited partner that is incorporated, list the names of shareholders and the percentage of voting shares held by each shareholder:

| Name of Limited Partner Entity | Name of Shareholders | Voting Shares (%) |
|--------------------------------|----------------------|-------------------|
| a) | | |
| b) | | |
| c) | | |
| d) | | |
| e) | | |
| f) | | |

1.6 BRANCH LOCATIONS

Please provide a key contact and other relevant information for every branch location included in this application.

| | Location |
|--|---|
| Key Contact: _____ No. of Licensed Employees: _____ | Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ |
| Key Contact: _____ No. of Licensed Employees: _____ | Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ |
| Key Contact: _____ No. of Licensed Employees: _____ | Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ |
| Key Contact: _____ No. of Licensed Employees: _____ | Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ |
| Key Contact: _____ No. of Licensed Employees: _____ | Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ |

| | |
|---------------------------------|---------------------------|
| Key Contact:_____ | Address:_____ |
| No. of Licensed Employees:_____ | City:_____ |
| | Prov:_____ Postal:_____ |
| | Telephone:_____ Fax:_____ |

Please provide a list of all licensed employees (first and last name), license numbers and email address for our database.

1.7 AFFILIATES

If applicant is an incorporated, general or limited partnership entity, please list the names of all affiliated brokerages:

| Company | Location |
|----------------|--|
| 1. | Address:_____ City:_____ Prov:_____ Postal:_____ Telephone:_____ Fax:_____ Key Contact:_____ |
| 2. | Address:_____ City:_____ Prov:_____ Postal:_____ Telephone:_____ Fax:_____ Key Contact:_____ |
| 3. | Address:_____ City:_____ Prov:_____ Postal:_____ Telephone:_____ Fax:_____ Key Contact:_____ |

1.8 AFFILIATES OF BROKERAGE OFFICES

List all of the brokerage offices of each affiliate listed above:

| Name of Company | Location | Key Contact |
|-----------------|----------|-------------|
| a) | | |
| b) | | |
| c) | | |
| d) | | |

1.9 SPONSORSHIP (Required for newly established brokerages only. Excludes MGAs.)

| | |
|--------------------|------------------------------------|
| Sponsoring Company | Date sponsored (if within 2 years) |
|--------------------|------------------------------------|

1.10 OTHER INSURERS REPRESENTED (excludes ICBC & MGAs)

| Company | Location |
|---------|----------|
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |
| f) | |
| g) | |
| h) | |
| i) | |
| j) | |

Do you have an ICBC Autoplan license? YES NO

1.11 ERRORS & OMISSIONS INSURANCE

Do you carry an Errors & Omission Insurance? YES NO

| | |
|-----------------|------------------|
| Limits Carried: | Name of Carrier: |
|-----------------|------------------|

1.12 BUSINESS REFERENCES

Please list three industry partners as references:

| Name | Insurance Business | Telephone |
|-------------|---------------------------|------------------|
| a) | | |
| b) | | |
| c) | | |

1.13 TOTAL LOCATION AND LICENSEE INFORMATION

| | # |
|---|----------|
| Number of brokerage or branch locations | |
| Number of brokerage/agency employees (licensed full time & part time) | |
| Number of brokerage licensed agents in all locations | |

2. DELEGATE MEMBER APPOINTMENT

NOTE: Associate Membership does not include broker member proxy or delegate membership although a key contact per location is required. Please complete each of the following Sections regardless of membership category.

2.1 BROKERAGE OFFICE(S)

List all brokerage offices affiliated with this application (other than those listed in Section 1.8).

| Company | Location |
|---------|---|
| 1. | Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ Key Contact: _____ |
| 2. | Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ Key Contact: _____ |
| 3. | Address: _____ City: _____ Prov: _____ Postal: _____ Telephone: _____ Fax: _____ Key Contact: _____ |

2.2 MEMBERSHIP

Please indicate the type of membership you are applying for:

- FULL BROKERAGE MEMBERSHIP** (Voting)
- ASSOCIATE MEMBERSHIP** (Non-Voting)

Please see attached excerpt from the Constitution & Bylaws of the Insurance Brokers Association of B.C. for definitions of membership types.

If this is an Associate Membership application, please state your reason (e.g. ownership, wholesale entity, financial institution, or managing general agents)

REASON: _____

Please provide us with a brief company profile.

| |
|-------------------------------|
| <hr/> <hr/> <hr/> <hr/> <hr/> |
|-------------------------------|

NOTE:

If financial institution ownership is disclosed on this application form, the applicant may be requested to provide additional information to the Association for purposes of determining whether the applicant is “controlled” by a financial institution (see attached Appendix 1 for definitions of “Control and Financial Institution”).

All applications will be processed pending approval of the Board.

3.0 GENERAL MATTERS

AUTHORIZED APPLICANT: _____
NAME *(please print)*

Signature: _____ Date: _____

I acknowledge that I have read the information set out on this form and by signing this form, I hereby consent to the IBABC's collection, use, and disclosure of the information in the manner and for the purposes set out for membership application.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for membership in IBABC is based on the truth and completeness of the information. **The Applicants agree that reports containing corporate, credit, factual record, or reference information may be sought in connection with this application for membership.**

MEMBERSHIP FEE STRUCTURE GUIDELINE

(Effective March 1, 2026)

I. BROKERAGE MEMBERSHIP

| | |
|---|--------------------------------|
| Per brokerage or agency | \$ 330.00 |
| Per brokerage/agency licensed personnel (including principals/owners) | \$50.00 |
| | <i>(maximum of \$6,000.00)</i> |

Note: Licensed personnel includes all individuals with an ATR (Authority to Represent) for the brokerage/agency with the Insurance Council of BC

Maximum billing amount..... **\$14,000.00**

National Broker Identity Program (based on number of licensed personnel)

(Mandate: To provide instant recognition and credibility for members through national brand identity)

| | |
|--------------------------|-------------------|
| 1 - 5 | \$250.00 |
| 6 - 10 | \$350.00 |
| 11 - 15 | \$500.00 |
| 16 - 30 | \$750.00 |
| 31 - 49 | \$1,000.00 |
| 50 - 99 | \$1,800.00 |
| 100 - 249 | \$3,300.00 |
| 250 and over..... | \$3,600.00 |

Provincial Broker Identity Program (based on the number of licensed personnel)

(Mandate: IBABC coordinates provincial media campaigns on behalf of members)

| | |
|--------------------------|-------------------|
| 1 - 5 | \$280.00 |
| 6 - 10 | \$450.00 |
| 11 - 15 | \$800.00 |
| 16 - 30 | \$1,500.00 |
| 31 - 49 | \$1,900.00 |
| 50 - 99 | \$3,700.00 |
| 100 - 249 | \$5,600.00 |
| 250 and over..... | \$6,000.00 |

Broker Identity Program (BIP) dues are mandatory as per approval made every two years by IBABC members at the Annual General Meeting.

Members will be invoiced, and all prices are subject to the GST

II. ASSOCIATE MEMBERSHIP

1. A 20% discount applies to total amount of billing per above fee structure;
2. Associate membership is not eligible to vote;
3. Broker Identity Program fees (both National and Provincial) are not applicable; and
4. Associate members are not eligible for Broker Identity Program benefits.

NOTES:

Billing for Membership Dues, National Broker Identity Program fees, and Provincial Broker Identity Program fees is issued yearly in March.

APPENDIX 1

**EXCERPTS FROM THE CONSTITUTION & BYLAWS OF THE INSURANCE BROKERS
ASSOCIATION OF BRITISH COLUMBIA**

1.1 Definitions

- (iv) **“Brokerage”** means a corporation, partnership or individual which:
 - A. holds a valid General Insurance Sole-Proprietor license or a General Insurance Corporate or Partnership Agent licence to transact general insurance issued by the Insurance Council of British Columbia;
 - B. is not a financial institution;
 - C. is not controlled by a financial institution; and
 - D. has not entered into agency agreements which prohibit the representation of other insurers or groups of insurers;
- (vi) **“Employee”** means an individual who holds a valid General Insurance licence that is in good standing and who is employed on a permanent basis by a Brokerage or its Affiliate;
- (viii) **“Financial institution”** means:
 - A. a bank;
 - B. a body corporate to which the *Trust and Loans Companies Act* (Canada), as amended from time to time, applies;
 - C. an association to which the *Co-operative Credit Associations Act* (Canada), as amended from time to time, applies;
 - D. an insurance company or a fraternal benefits society to which the *Insurance Companies Act* (Canada), as amended from time to time, applies;
 - E. a trust, loan or insurance corporation incorporated by or under an Act of the legislature of a Province; and
 - F. a co-operative credit society incorporated and regulated by or under an Act of the legislature of a Province;
- (x) **“Office”** means a permanent place of business at which a Brokerage carries on insurance business, and, for greater certainty, a Brokerage may carry on insurance business at more than one office.

1.3 **Control of Brokerage** - For purposes of these bylaws, a Brokerage is “**controlled**” by a financial institution where:

- (a) in the case of a corporation the shares of the corporation carrying more than 50% of the votes for the election of directors of the corporation are held, other than by way of security only, by or for the benefit of a financial institution or its Affiliates;
- (b) in the case of a general partnership, there are one or more partners consisting of a financial institution or its Affiliates,
- (c) in the case of a limited partnership, there is a general partner consisting of a financial institution or its Affiliates; and
- (d) in the case of an individual, the individual is an employee of a financial institution;

provided that any Brokerage who appears to be controlled by a financial institution in accordance with (a) to (d) above shall not be deemed to be controlled by the financial institution if the Brokerage can establish, to the satisfaction of the Directors, acting in their sole discretion, that such financial institution does not have *de facto* control over, or the ability to otherwise manipulate, the management of the affairs of the Brokerage. Any such determination by the Directors shall be binding upon the Association and shall remain effective during the membership year in respect of which the determination is made.

1.4 **Affiliate** - In these bylaws, one corporation is an “**Affiliate**” of another corporation if one of them is the subsidiary of the other, or both are subsidiaries of the same corporation, or each of them is controlled by the same person, firm or other entity within the meaning of control set forth in section 1.3 above (with such changes as may be necessary). A corporation is a subsidiary of another corporation if:

- (a) it is controlled by:
 - (i) that other corporation;
 - (ii) that other corporation and one or more corporations, each of which is controlled by that other corporation; or
 - (iii) two or more corporations, each of which is controlled by that other corporation; or
- (b) it is a subsidiary of a subsidiary of that other corporation.

A partnership is an “**Affiliate**” of a corporation if that corporation or any of its Affiliates are general partners of the partnership or limited partners who participate in the management or control of the partnership.

2.1 **Membership Categories** – Membership in the Association is voluntary. The categories of membership in the Association are as follows:

- (a) **Brokerage Member:** a Brokerage and its Affiliates who have satisfied the requirements of Brokerage Membership as determined by the Directors from time to time may become Brokerage Members on the following basis:

- (i) A Brokerage and its Affiliates will be entitled to only one Brokerage Membership and one Delegate Membership in respect of the Brokerage and all of its Affiliates, which membership will be in the name of the Brokerage (as represented by its main Office in British Columbia), regardless of how many corporations, partnerships, individuals, Employees or Offices are represented by the Brokerage and its Affiliates; and
 - (ii) Each Brokerage Member will be entitled to an additional number of Delegate Memberships on the basis of one Delegate Membership for every Office of the Brokerage and its Affiliates in British Columbia (other than the Office referred to in section 2.1(a)(i) above), as determined by the Directors. For purposes of determining the number of Offices of the Brokerage and its Affiliates, the Brokerage Member will provide written disclosure to the Association of the number of such Offices on an annual basis, in a form satisfactory to the Directors. The Directors will be entitled to rely upon such disclosure in determining the number of additional Delegate Memberships that may be obtained by the Brokerage Member.
- (b) **Delegate Members:** an Employee of a Brokerage and its Affiliates whose name has been put forth by a Brokerage Member for Delegate Membership and who has satisfied the requirements of Delegate Membership as determined by the Directors from time to time may become a Delegate Member in respect of such Brokerage Member, subject to the provisions of section 2.1(a)(i) and (ii) above.
- (c) **Associate Member:** Brokerages who are unable to meet the requirements for Brokerage Membership or Delegate Membership as set forth above, but who satisfy the requirements of Associate Membership as determined by the Directors from time to time may become Associate Members of the Association. Brokerages located outside the Province of British Columbia who satisfy such Associate Membership requirements may also be Associate Members of the Association.