BCFSA BC Financial Services Authority / Application for Renewal of Permit for Reciprocal Exchange of Insurance

INSTRUCTIONS

1. Contact:

BC Financial Services Authority 600-750 West Pender Street Vancouver, B.C. V6C 2T8

Web: https://bcfsa.ca/

- T 604.660-3555 Toll-free: 1.866.206.3030 (BC)
- F 866.660.3365 Email: info@bcfsa.ca
- 2. A reciprocal exchange must submit a complete application for renewal of its permit no later than March 31 of each year pursuant to section 187(4) of the Financial Institutions Act.
- 3. Excepting the certifying signatures, this form must not be handwritten.
- 4. Please submit the completed form, along with all other requirements in respect of the application for renewal of permit, via the Integrated Regulatory Information System ("IRIS") Portal which may be accessed at BC Financial Services Authority's ("BCFSA") website.

PART A – APPLICANT INFORMATION

Name of Reciprocal Exchange

Date of Application

Registered Address

PART B – MATERIAL CHANGES

Please report any material changes to insurance policies (including endorsements) issued by the reciprocal exchange

Please report any material changes to the reinsurance program or fronting arrangements

Please report any material changes to the Investment Policy

Please report any material changes to the Subscribers' Agreement

Please report any other material changes

Renewal of Permit for Reciprocal Exchange of Insurance / Rev 08/2021

600-750 West Pender Street Vancouver, B.C. V6C 2T8

T 866 206 3030 F 866 660 3365



BCFSA

PART C – MEMBERS OF BOARD

Please enter information about the members of the Board of the Reciprocal Exchange as at the fiscal year end into the table below:

Name	Street Address	City	Postal Code	Email	Phone Number	New this Renewal (Y/N)?

PART D – APPOINTED ACTUARY INFORMATION			
Name of Firm	Name of Appointed Actuary		

Address

Email Address	Phone

PART E – EXTERNAL AUDITOR INFORMATION		
Name of Firm	Name of Partner	

Address

Email Address

Phone

PART F – GENERAL MANAGER INFORMATION		
Name	Title	
Address		
Email Address	Phone	

BCFSA

PART G – CERTIFICATIONS		
Name	Title	
Declared in the city of:	Date	

I, ______, solemnly declare that, to the best of my knowledge, and conscientiously believing it to be true, the information provided in support of this application for renewal of permit for reciprocal exchange of insurance is correct and complete in all material aspects and I hereby undertake to notify BC Financial Services Authority immediately, in writing, in the event that there is any material change to any of the information provided within this form or any supporting documents to the application.

Signature

Signature