



LIFE INSURANCE COUNCIL
GENERAL INSURANCE COUNCIL
INSURANCE ADJUSTERS COUNCIL

GENERAL Level 2 Examination Application

Name: _____
FIRST INITIAL LAST

Residence Address: _____
STREET CITY PROVINCE POSTAL CODE

Business Tel: _____ Residence Tel: _____

Date of Birth: _____ Email Address: _____

Council Use Only

Corporate Name of Agency (IF ANY): _____

Business Address: _____

Council Use Only

Sponsoring Insurance Company (Insurer): _____

1st Exam Fee: _____ 2nd Exam Fee: _____ 3rd Exam Fee: _____

SIGNATURE OF APPLICANT DATE

COUNCIL USE ONLY

Council Use Only

File # _____ Passed Exam _____