

Credit Request Form

Provincial Agent/Broker Insurance License

Please complete and submit this form by mail. Requests will not be processed until full payment is received.

IIC Membership ID:** _____

Name: _____

Company Name: _____

Company Address: _____

Business Phone: _____ Business Email: _____

Home Address: _____

Home/Cell Phone: _____ Personal Email: _____

Preferred Email: Home Work

A copy of my Provincial Agent/Broker license is attached.

My cheque in the amount of \$ _____ is enclosed, payable to The Insurance Institute of Canada.

Mail this form to:

The Insurance Institute of Canada, Examinations
150 York Street, Suite 600, Toronto, ON M5H 3S5

Before you enroll in your first CIP course, please review the **CIP Program**

You must hold membership with your local institute to be eligible for credits. Contact **Member Services for further information.

Congratulations!

You are now one step closer to completing your Chartered Insurance Professional designation!