



# Insurance Council of Manitoba

## SUPERVISION STATEMENT

I, \_\_\_\_\_, certify that I am the authorized supervisor and have reviewed  
 (Supervising Licensee)  
 the following insurance related material used or prepared by \_\_\_\_\_  
 (Supervised Licensee)  
 for \_\_\_\_\_ and believe that the insurance applied for is appropriate  
 (Applicant)  
 to the needs and circumstances of the applicant and/or insured.

**I declare that I have reviewed:**

- |   |   |  |
|---|---|--|
| Type of Insurance Need<br>(Check one or more) | <input type="checkbox"/> Life Insurance               | <input type="checkbox"/> Segregated Funds        |
|   | <input type="checkbox"/> Disability Insurance         | <input type="checkbox"/> Annuities               |
|   | <input type="checkbox"/> Critical Illness Insurance   | <input type="checkbox"/> Group Insurance Plan    |
|   | <input type="checkbox"/> Long-term Care Insurance     | <input type="checkbox"/> Travel Health Insurance |
|   | <input type="checkbox"/> Other (Please specify) _____ |  |

Name of Company \_\_\_\_\_

Insurance Amount(s) Applied For \_\_\_\_\_

- |   |  |
|---|--|
| Life Insurance Application Reviewed   | <input type="checkbox"/> Yes                             |
| Insurance Needs Analysis Reviewed   | <input type="checkbox"/> Yes                             |
| Policy Illustrations Reviewed   | <input type="checkbox"/> Yes                             |
| Life Insurance Replacement  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>(If Yes, LIRD and Written Comparative Analysis Reviewed)</i>                   |  |
| If Leveraging Segregated Funds does the Supervisor agree with the recommendation? | <input type="checkbox"/> Yes                             |

\_\_\_\_\_  
Supervising Licensee's Signature

\_\_\_\_\_  
Date

As the Supervised Licensee, I certify that I have provided to the licensee signing this Statement, all material I have used with the named applicant/insured.

\_\_\_\_\_  
Supervised Licensee's Signature

\_\_\_\_\_  
Date

**The Licensees signing must retain a copy of this Statement for their records.**