



Strategic Alliance Application Form

Process for Application

Complete this application and email to: CLS-SpecialCounsel@icbc.com (Email application cannot exceed 20MB)

Information on the Strategic Alliance contract can be found at: [ICBC Business Partners website](#).

Documentation Requirements (submit with application)

- Valid Business Licence (or equivalent specific to the business type operated if applicable)
- Proof of your WorkSafeBC coverage
- Proof of Professional Liability Insurance
- Curriculum Vitae for each Legal Team Member

Supplier Information

| | | | |
|---------------------|--|----------------------|--|
| LEGAL BUSINESS NAME | | OPERATING NAME (dba) | |
| ADDRESS | | | |
| PHONE NUMBER | | FAX NUMBER | |
| EMAIL ADDRESS | | WEBSITE | |

Legal Team

List of employees

| Name | Position | Resource Number (if applicable) | # Years of work experience |
|------|----------|---------------------------------|----------------------------|
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Work locations

Suppliers must be able to service a minimum of one region. Please check all the regions you are able to work in:

- Lower Mainland Region
 Victoria Region
 Upper Island Region
 Okanagan Region
 Kootenays Region
 Peace River Region
 Prince Rupert Region
 Cariboo Region

Financial Institution Information

Please submit a void cheque for direct deposit to your account.

The Supplier hereby directs ICBC to make any and all payments due and owing to the Supplier by way of electronic transfer of funds to the following account:

| | | |
|---|-------------|---------------------|
| BANK NAME | | |
| BANK ADDRESS (street/city/province/postal code) | | |
| | | |
| NAME ON ACCOUNT | | |
| BANK TRANSIT NUMBER | BANK NUMBER | BANK ACCOUNT NUMBER |
| EMAIL ADDRESS (for bank deposit notification – if different than above) | | |

The Supplier understands that should a payment be returned to ICBC then ICBC will make payment by the way of cheque to the Supplier until the Supplier directs ICBC in writing to make payments into a valid and existing account.

Privacy Checklist of Personal Information*

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | Section 30.1 of FIPPA – Storage & Access in Canada |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the facility store, access or disclose personal information (arising from, connected with, or related to an ICBC claim) outside of Canada? |

If yes, provide the country where information is stored, and the name of the data management company.

| | |
|------------------------------|------------------------------|
| COUNTRY WHERE DATA IS STORED | DATA MANAGEMENT COMPANY NAME |
|------------------------------|------------------------------|

Section 30 of FIPPA – Protection of Personal Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the customers' files stored in a secure environment (inaccessible from the public)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the hard or electronic copies of files stored in a secure area onsite? |

If no, then please explain where the information is being stored.

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the customers' files left unattended and accessible/viewable by the public? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is customer's personal information* displayed in public areas (white/chalk board, file folders)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is customer's personal information* viewable and accessible by the public on a computer screen? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are user ID's and passwords protected from view or access to the public? |

* personal information includes: Drivers licence, Credit or Bank Card information, Customer name(s), addresses and phone numbers

Personal information on this form is collected pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act* and is used for the purpose(s) of processing applicant information. Information is collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection of information, please email CLS-SpecialCounsel@icbc.com.

I acknowledge and agree that I am an independent contractor, and am not an agent, employee or partner of ICBC. I am responsible for making all required statutory remittances, including those under the Income Tax Act, Employment Insurance Act, and Workers Compensation Act. ICBC has made no representations or warranties to me as to the volume of referrals or work I might receive, if any, and I acknowledge that obtaining a Supplier Account is no guarantee of work.

APPLICANT'S SIGNATURE

DATE