

In the Matter of the

**FINANCIAL INSTITUTIONS ACT, RSBC 1996, c.141**

(the “Act”)

and the

**INSURANCE COUNCIL OF BRITISH COLUMBIA**

(“Council”)

and

**ROMAN KENDZERSKY**

(the “Licensee”)

**ORDER**

As Council made an intended decision on January 28, 2025, pursuant to sections 231, 236, and 241.1 of the Act; and

As Council, in accordance with section 237 of the Act, provided the Licensee with written reasons and notice of the intended decision dated February 18, 2025; and

As the Licensee has not requested a hearing of Council’s intended decision within the time period provided by the Act;

Under authority of sections 231, 236, and 241.1 of the Act, Council orders that:

- 1) The Licensee is fined \$3,500, to be paid by September 8, 2025;
- 2) The Licensee is required to complete an ethics course, as acceptable to Council, by September 8, 2025;
- 3) The Licensee is required to be supervised by a qualified life and accident and sickness insurance agent, as approved by Council, for a period of one year of active licensing, commencing on March 10, 2025, and ending at midnight on March 9, 2026;
- 4) The Licensee is assessed Council’s investigation costs in the amount of \$1,887.50, to be paid by September 8, 2025; and
- 5) A condition is imposed on the Licensee’s life and accident and sickness insurance agent licence that failure to pay the fine and investigation costs and complete the ethics course by September 8, 2025, and obtain a qualified life and accident and sickness insurance agent supervisor as required, will result in the automatic suspension of the Licensee’s licence and the Licensee will not be permitted to complete the Licensee’s 2027 annual

Order  
Roman Kendzerskyy  
COM-2023-00421 / LIC-2020-0022986-R01  
March 10, 2025  
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licence renewal until such time as the Licensee has complied with the conditions listed herein.

This order takes effect on the **10<sup>th</sup> day of March, 2025**

A handwritten signature in black ink, appearing to read 'Janet Sinclair', written over a horizontal line.

Janet Sinclair, Executive Director  
Insurance Council of British Columbia

## **INTENDED DECISION**

of the

### **INSURANCE COUNCIL OF BRITISH COLUMBIA** (“Council”)

respecting

### **ROMAN KENDZERSKY** (the “Licensee”)

1. Pursuant to section 232 of the *Financial Institutions Act* (the “Act”), Council conducted an investigation to determine whether the Licensee acted in compliance with the requirements of the Act, Council Rules and Code of Conduct relating to allegations that the Licensee provided false or misleading information on an insurance application, instructed a client to provide false information on an insurance application, and that the Licensee failed to provide full and accurate information to an insurer.
2. On November 27, 2024, as part of Council’s investigation, a Review Committee (the “Committee”) comprised of Council members met via video conference to discuss the investigation. An investigation report prepared by Council staff was distributed to the Committee and the Licensee before the meeting. A discussion of the investigation report took place at the meeting and the Licensee was given an opportunity to make submissions and provide further information. Having reviewed the investigation materials and after discussing the matter, the Committee prepared a report for Council.
3. The Committee’s report, along with the aforementioned investigation report were reviewed by Council at its January 28, 2025, meeting, where it was determined the matter should be disposed of in the manner set out below.

## **PROCESS**

4. Pursuant to section 237 of the Act, Council must provide written notice to the Licensee of the action it intends to take under sections 231, 236 and 241.1 of the Act before taking any such action. The Licensee may then accept Council’s decision or request a formal hearing. This intended decision operates as written notice of the action Council intends to take against the Licensee.

## **FACTS**

5. The Licensee has been licensed with Council as a life and accident and sickness insurance agent (“Life Agent”) since September 10, 2020. The Licensee has held an authorization to represent an agency (“the Agency”) since September 10, 2020.

6. On May 29, 2023, Council received a complaint regarding the Licensee from AR. AR alleged that the Licensee was recruiting clients from the recovery community and encouraging them to provide misleading information on policy applications.
7. On November 3, 2023, Council's investigator emailed the list of names provided by AR to the Agency to determine if any of the individuals were the Licensee's clients. On December 21, 2023, the Agency confirmed that from the list of names provided by AR, the Licensee had sold policies to clients JH and his spouse JV and their son KB and daughter SH. The Licensee also sold an insurance policy to MO.
8. The policy application for MO was completed online by the Licensee and signed electronically by MO. On the policy application in the Declaration of Insurability, Life Habits section, one of the questions was "*Have you ever been treated for drug or alcohol use, been a member of a support group or have ever been advised to reduce your consumption or to receive treatment for it?*". The answer marked on the application was no.
9. MO participated in an interview with Council's investigator on February 29, 2024. MO stated that in 2018, he attended the same treatment program that the Licensee had attended a few years earlier. MO stated that as part of the program, alumni who had previously completed the program would visit and build relationships with individuals undergoing treatment. MO stated that he met the Licensee through that process. MO stated that during the policy application process, he told the Licensee that he had attended a treatment centre and was previously a smoker. However, MO stated that the Licensee advised him that if that information was put on the application form, the policy would not be approved. MO stated, "*[the Licensee] had told me that he was, he was going to say that I was a non-smoker and do not have a drug – did not have a drug problem in the past in order to get approved.*" MO stated that he trusted the Licensee because of their prior relationship. MO stated that the Licensee filled out the application form online and that he signed the application electronically.
10. MO stated that after obtaining the insurance policy, a friend who used to work in the insurance industry told him that if anything happened to him his beneficiary would not receive any benefit, and all the money MO had invested would be lost because the medical records would show that he used to smoke, had a drug problem and had attended a treatment facility, contrary to his declarations on the insurance policy application. MO stated that after hearing this he decided to cancel the policy.
11. On March 7, 2024, JH and JV participated in an interview with Council's investigator. JH stated that he met the Licensee in 2017 through a treatment facility and Narcotics Anonymous ("NA") program, and became a friend of the Licensee. JH stated that because of his narcotics history and JV's health issues, obtaining affordable health insurance might have been a concern and they therefore decided to purchase life insurance policies from the Licensee for their children.
12. JH stated that the policy applications were done online via Zoom. The Licensee asked the questions via Zoom, completed the forms online, and then JH and JV signed them. When applying for the life insurance policy for their child, KB, JV stated that they had recently discovered that KB had a congenital heart defect. JV stated that the Licensee advised her not to disclose this condition because it might disqualify KB from the policy. JH stated that he believed the Licensee knew what he was

doing and when they brought KB's condition to the Licensee's attention the Licensee told them not to mention it, and they agreed, trusting the Licensee.

13. JH stated that he decided to cancel the policies because he didn't see enough returns from the policies and because he was unable to contribute the full policy premium.
14. The documentation provided by AR contained undated Facebook messages made by JH. JH's posts expressed frustration about the policy's investment component and with the carrier in attempts to cancel it. There is no mention of the Licensee omitting KB's medical condition in the posts.
15. On March 21, 2024, Council's investigator interviewed the Licensee. The Licensee stated that he met JH at a support group in 2015 or 2016. The Licensee was aware that JH and JV had some medical conditions, such as JV's previous cancer diagnosis and JH's concussions and involvement with NA. The Licensee stated that JH and JV *"wanted to set up something that protects their kids in the event of any illnesses. Like I mentioned with [JV] having cancer, she wanted to make sure that in case that happened to her child, God forbid, of course, she had some form of protection. And as well having some cash values that the children could potentially access in the future once they're older."* The Licensee stated that JH and JV's two children both had critical illness insurance as riders on their policies due to JH's and JV's health issues.
16. Regarding the allegation that the Licensee did not disclose KB's heart condition on the insurance application, the Licensee advised that he knew JV had cancer, and that he could not recall if the child, KB, had a medical condition. The Licensee believed there was an attending physician's statement or background check done for the child's policy. However, as the application was completed about three or four years before the interview, the Licensee could not recall the exact details.
17. The Licensee stated that he met MO through JH in 2020. At that time, MO was working at a facility that provided counselling sessions and support groups for men. The Licensee stated that he knew about JH's drug history but was not aware of MO's. The Licensee stated that he was part of the NA support groups from 2015 to late 2016.
18. Concerning MO's allegation that the Licensee failed to disclose his drug history and time spent in a rehabilitation facility on a policy application form, the Licensee stated, *"Everything I ask on Zoom or in person is shared with the client on the screen. I answer all the questions and I phrase them word-for-word how they're asked. As well as the application is sent to them for review. We go over it together prior to signature. And I ask them to download and save all the documents as well to review afterwards."*
19. The Licensee further stated that a friend and colleague of his, VA, messaged AR, which led to AR posting a video mocking VA and the Agency and then posting a second video that included the Licensee's face, defaming his character. The Licensee stated that because of AR's social media posts, JH and MO contacted AR. They were upset about losing the cash values in their policies, as they had cancelled the policies without consulting the Licensee.
20. At the Review Committee meeting, the Licensee advised of a very serious accident he was involved in six months before the meeting. The accident resulted in the Licensee being hospitalized and requiring

extensive rehabilitation for the injuries. The Licensee stated that his main focus for the past few months has been his rehabilitation and his health. When questioned about coaching clients to answer questions on insurance forms, the Licensee said that his practice is to share his screen with the client, if online, or to go through each question one by one, and that he would write down what the client told him. The Licensee denied coaching or advising clients to provide wrong or false information on any insurance forms.

## **ANALYSIS**

21. Council noted that the Licensee is an agent of an insurer and is responsible to the insurer to provide complete and accurate information. The Licensee cannot mislead an insurer by providing false statements or withholding material information. Council concluded that it is unreasonable for the Licensee to say that he did not know if MO had ever been treated for drug or alcohol use or been a member of a support group, when the Licensee knew of MO's involvement with support groups. Council determined that MO's statement that his relationship with the Licensee arose from a support group was credible. Council found that the Licensee should have advised MO that he would be required to say yes to the question regarding having received treatment for substance abuse, as Council concluded that the Licensee ought to have been aware of MO's affiliation with the support groups. Council determined that the Licensee, in this instance, engaged the client to misrepresent material information to the insurance company. Council noted the potentially serious implications of providing wrong information on an insurance application, including the possibility of the policy being rendered void by the insurer. Additionally, the Licensee has a duty to act in the client's interest, and if the Licensee is knowingly completing an insurance document with misinformation, it cannot be said that the Licensee is acting in the client's interest given the implications of providing false information on an insurance form. Council highlights that it is the responsibility of the Licensee to ensure that insurance forms are completed honestly and accurately. Insurers rely on licensees to fully and accurately disclose material information to make underwriting decisions, and the Licensee should have disclosed to the insurer that MO had been part of a support group.
22. Council did not find sufficient evidence to suggest that the Licensee knew of any medical condition or heart condition that KB was experiencing. Given that, Council did not find that the Licensee engaged in misconduct when preparing the policy for KB.
23. Council considered the impact of Council Rule 7(8) and Council's Code of Conduct guidelines, including section 3 ("Trustworthiness"), section 4 ("Good Faith"), section 7 ("Usual Practice: Dealing with Clients") and section 8 ("Usual Practice: Dealing with Insurers") on the Licensee's conduct. Council concluded that the Licensee's conduct amounted to breaches of the above Council Rule and Code of Conduct sections, as well as the professional standards set by the Code of Conduct.

## **PRECEDENTS**

24. Before making its decision in this matter, Council took into consideration the following precedent cases. While Council is not bound by precedent and each matter is decided on its own facts and merits, Council found that these decisions were instructive in providing a range of sanctions for similar types of misconduct.
25. [Khamsoei Phovixayboulom](#) (February 2018): concerned a licensee who had held a life agent licence in British Columbia since 1990. Council considered allegations that the licensee intentionally misled clients for personal benefit, improperly placed insurance on behalf of a client by failing to first provide the client with necessary information to make an informed decision, improperly completed an application for life insurance by failing to include current information on the client's address, and made a false declaration to an insurer by materially misrepresenting a client's address when applying for insurance, among other things. The Hearing Committee found the licensee's conduct to be a serious breach. Council suspended the licensee for one year (six months for his breach of the third party's confidential information and six months for failing to properly inform the client of her options before making an application for life insurance), fined him \$5,000, required the licensee to be supervised for two years after his suspension and assessed investigation costs against him.
26. [Pamela Peen Hong Yee](#) (June 2019): concerned a licensee who had been licensed as a life agent since September 2000. Council considered allegations that included that the licensee had made material misrepresentations on a life insurance application submitted for a client, processed a life insurance application without receiving the client's consent and improperly attempted to persuade the client to keep the policy after the client declined to proceed with the insurance. Council cancelled the licensee's Life Agent licence with no opportunity to reapply for two years, fined her \$5,000 and assessed her investigation and hearing costs.

## **MITIGATING AND AGGRAVATING FACTORS**

27. Council considered potential mitigating and aggravating factors in this matter. Council considered the Licensee's co-operation with Council's investigation as a mitigating factor. Additionally, Council acknowledged the Licensee's current medical condition as being the Licensee's primary focus and that the Licensee's inability to recall some of the events may be a result of the accident or the passing of time. As for aggravating factors, Council concluded it was aggravating that the Licensee did not appear to understand the gravity of the situation and the implications of providing false information on an insurance application. Additionally, Council concluded that the client did suffer harm, as the policy was ultimately cancelled, and given the medical conditions of JH, JV and KB, it would likely be difficult for them to obtain new insurance coverage.

## **CONCLUSIONS**

28. After weighing all of the relevant considerations, Council found the Licensee to be in breach of the Council's Rules and the Code of Conduct.
29. Council found that the Licensee materially misrepresented information to an insurer. Council notes that completing basic insurance forms is a fundamental task for the usual practice of insurance business and that forms should be completed competently and accurately. Given the above, Council determined that it is appropriate for the Licensee to be supervised for one year to ensure that the Licensee is conducting insurance business in the usual practice. Additionally, Council determined that the Licensee be required to take an ethics course and be fined \$3,500. Given the Licensee's medical condition is preventing the Licensee from working full time, Council concluded it is appropriate to lengthen the time frame the Licensee be given to pay any amounts ordered and to complete the course, to 180 days.
30. With respect to investigation costs, Council has concluded that these costs should be assessed to the Licensee. As a self-funded regulatory body, Council looks to licensees who have engaged in misconduct to bear the costs of their discipline proceedings, so that those costs are not otherwise borne by British Columbia's licensees in general. Council has not identified any reason for not applying this principle in the circumstances.

## **INTENDED DECISION**

31. Pursuant to sections 231, 236 and 241.1(1) of the Act, Council made an intended decision that:
  - a. The Licensee be fined \$3,500, to be paid within 180 days of Council's order;
  - b. The Licensee be required to complete an ethics course, as acceptable to Council, within 180 days of Council's order;
  - c. The Licensee be required to be supervised by a qualified life and accident and sickness insurance agent, as approved by Council, for a period of one year of active licensing, from the date of Council's order;
  - d. The Licensee be assessed Council's investigation costs in the amount of \$1,887.50, to be paid within 180 days of Council's order; and
  - e. A condition be imposed on the Licensee's life and accident and sickness insurance agent licence that failure to pay the fine and investigation costs and complete the ethics course within 180 days of Council's order and obtain a qualified life and accident and sickness insurance agent supervisor as required, will result in the automatic suspension of the Licensee's licence and the Licensee will not be permitted to complete the Licensee's 2027



annual licence renewal until such time as the Licensee has complied with the conditions listed herein.

32. Subject to the Licensee's right to request a hearing before Council pursuant to section 237 of the Act, the intended decision will take effect after the expiry of the hearing period.

#### **ADDITIONAL INFORMATION REGARDING FINES/COSTS**

33. Council may take action or seek legal remedies against the Licensee to collect outstanding fines and/or costs, should these not be paid by the 180-day deadline.

#### **RIGHT TO A HEARING**

34. If the Licensee wishes to dispute Council's findings or its intended decision, the Licensee may have legal representation and present a case in a hearing before Council. Pursuant to section 237(3) of the Act, to require Council to hold a hearing, the Licensee **must give notice to Council by delivering to its office written notice of this intention within 14 days of receiving this intended decision.** A hearing will then be scheduled for a date within a reasonable period of time from receipt of the notice. Please direct written notice to the attention of the Executive Director. **If the Licensee does not request a hearing within 14 days of receiving this intended decision, the intended decision of Council will take effect.**
35. Even if this decision is accepted by the Licensee, pursuant to section 242(3) of the Act, the British Columbia Financial Services Authority ("BCFSA") still has a right of appeal to the Financial Services Tribunal ("FST"). The BCFSA has thirty (30) days to file a Notice of Appeal once Council's decision takes effect. For more information respecting appeals to the FST, please visit their website at [www.bcfst.ca](http://www.bcfst.ca) or visit the guide to appeals published on their website at [www.bcfst.ca/app/uploads/sites/832/2021/06/guidelines.pdf](http://www.bcfst.ca/app/uploads/sites/832/2021/06/guidelines.pdf).

Dated in Vancouver, British Columbia, on the **18<sup>th</sup> day of February, 2025.**

For the Insurance Council of British Columbia



Janet Sinclair  
Executive Director