

In the Matter of the

FINANCIAL INSTITUTIONS ACT, RSBC 1996, c.141
(the “Act”)

and the

INSURANCE COUNCIL OF BRITISH COLUMBIA
 (“Council”)

and

SULAKHAN SINGH DOSANJH
(the “Licensee”)

ORDER

As Council made an intended decision on April 29, 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 May 22, 2025; and

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

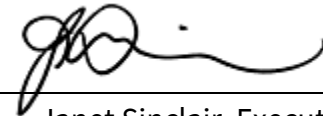
Under authority of sections 231, 236, and 241.1 of the Act, Council orders that:

- 1) The Licensee is 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, at the latest, on July 28, 2025;
- 2) The Licensee be required to complete the following courses, or equivalent courses, as acceptable to Council, by December 23, 2025:
 - i. The Council Rules Course for life and/or accident and sickness insurance; and
 - ii. Compliance Toolkit: Know Your Client and Fact-Finding, currently available through Advocis;

(collectively, the “Courses”)

- 3) The Licensee is assessed Council's investigation costs in the amount of \$2,496.25, to be paid by December 23, 2025; and
- 4) A condition is imposed on the Licensee's life and accident and sickness insurance agent licence that failure to obtain a supervisor as required, failure to complete the Courses, and pay the investigation costs by December 23, 2025 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.

This order takes effect on the **26th day of June, 2025.**



Janet Sinclair, Executive Director
Insurance Council of British Columbia

INTENDED DECISION

of the

INSURANCE COUNCIL OF BRITISH COLUMBIA (“Council”)

respecting

SULAKHAN SINGH DOSANJH (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 conducted insurance activities without the supervision of a life agent supervisor and conducted insurance activities in a manner that was not consistent with the usual practice.
2. On February 27, 2025, 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 was reviewed by Council at its April 29, 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 became licensed with Council as a life and accident and sickness insurance agent (“Life Agent”) on November 18, 2020. The Licensee currently holds an authorization to represent (“ATR”) an agency (the “Agency”).
6. Council received a complaint from JB (the “Complainant”) on November 24, 2022. The Complainant asked Council to remove her as a supervisor for the Licensee, as the Licensee had not provided her with applications and notes for review. The Complainant also stated that the Licensee did not

complete the proper paperwork or follow procedures. The Licensee's licence was inactive from November 24, 2022, to February 1, 2023 (the "Inactive Period"), until the Licensee was appointed a new supervisor, HN, on February 2, 2023. HN stated that he signed the supervision undertaking form on January 22, 2023, although this form was not processed until February 2, 2023.

7. On November 30, 2022, Council's licensing department emailed the Licensee stating that the Licensee's licence had become inactive, effective November 24, 2022, and that he could not engage in any insurance activities in British Columbia. However, Council noted that the wording of the letter was confusing, as it stated that "AJ has withdrawn as your supervisor effective 11/12/2021." AJ was the previous supervisor of the Licensee, however, at the time the letter was sent, on November 30, 2022, the Licensee's supervisor was the Complainant, and AJ had not been the Licensee's supervisor for at least one year.
8. On January 5, 2023, the Complainant stated that the Licensee had never submitted any insurance documents for her review. The Complainant provided screenshots of text messages between herself, the Licensee and the Licensee's daughter, who helped the Licensee with his business. The text messages showed that the Complainant was asking for insurance applications and client notes and following up to request paperwork that was not sent to her, with one message noting it had been more than four months since the documents were requested.
9. On August 1, 2023, the compliance officer from the Agency stated that their records indicated that the Licensee sold approximately 11 policies (three of which were travel insurance) during the Inactive Period. One policy was written on November 25, 2022; two policies were written on December 5, 2022; one policy was written on December 11, 2022; one policy was written on December 18, 2022; four policies were written on December 29, 2022; and two policies were written on January 14, 2023.
10. On August 3, 2023, Council's investigator asked the Licensee to provide a list of insurance policies he had sold during the Inactive Period. On August 13, 2023, the Licensee stated that the policies were sold from two insurers, and he included a list of policies sold during the Inactive Period.
11. On October 23, 2023, Council's investigator asked the Licensee to provide the name of his supervisor during the Inactive Period when the policies were written. On November 9, 2023, the Licensee stated that the Complainant was his supervisor during the Inactive Period.
12. On January 19, 2024, Council's investigator asked the Licensee to explain why the policies in question were recommended and/or suitable for the clients. On February 5, 2024, the Licensee provided his response. The Licensee provided notes and an explanation for why the policies were sold. For one of the clients, AS, the Licensee prepared the insurance illustration on December 12, 2022, three days after the application was submitted on December 9, 2022. For several of the policies, the Licensee's supervisor had not signed off on the application at the time. The Licensee explained that he had tried to communicate with the Complainant (his supervisor) multiple times, but "*no response was given from [their] end.*" Additionally, two policies placed by the Licensee indicated that these policies were a replacement for an existing policy; however, a Life Insurance Replacement Declaration ("LIRD") form was not submitted for either policy.

13. Between May 31, 2024, and June 11, 2024, Council's investigator and AJ were communicating regarding the period when the Licensee was under supervision with AJ. On June 11, 2024, AJ responded stating that the Licensee had not submitted any files for review.
14. At the Review Committee meeting, the Licensee explained that the Complainant never told him verbally that she was withdrawing as his supervisor. The Licensee stated that he may have been on holiday around November 2022, when Council's licensing department emailed the Licensee about the end of his supervision, and said that he did not receive the notification email. The Licensee conceded that in December 2022, near Christmas, he discovered that the Complainant was no longer his supervisor and that this was the first time he became aware that his licence was inactive. The Licensee said that he then found a new supervisor when he finally realized that he did not have a supervisor and that his licence was inactive. Additionally, the Licensee explained that he was having accumulating health issues near the end of 2022 and into the beginning of 2023, which ultimately led to a medical issue in February 2024. The Licensee has been on medical leave since February 2024.
15. At the conclusion of the Review Committee meeting, the Licensee was asked to provide any additional evidence to support his allegations that his supervisor was unavailable, that the Licensee had attempted to contact his supervisor and provide insurance documents, and any additional information to support his claims. To date, the Licensee has not provided any additional information or evidence.

ANALYSIS

16. Council considered the Licensee's responses and concluded that the email from Council's licensing department dated November 30, 2022, may have been confusing to the Licensee, as it stated that "[AJ] *has withdrawn as your supervisor effective 11/12/2021*", when in fact AJ had not been the Licensee's supervisor for a year as of the date of the letter. Council also took into consideration the Licensee's statements that he was out of town and did not receive the letter until December 2022. Given the language of the letter, Council accepted the Licensee's submissions that he did not understand that the Complainant was no longer his supervisor during the time period in question and that his licence had become inactive as a result of not having a supervisor. However, according to the Licensee's own submissions, he became aware that the Complainant was no longer his supervisor around Christmas in December 2022, and he was having difficulty finding a new supervisor. Council concluded that by late December 2022, the Licensee knew or ought to have known that he was not allowed to conduct any insurance business without an appropriate supervisor, and found that the two policies the Licensee wrote on January 14, 2023, were contrary to Council Rule 7(16.1). Council concluded that the Licensee conducted insurance activities without the supervision of a life agent supervisor, as required.
17. Additionally, Council had concerns regarding the Licensee's competence. Council concluded that the Licensee did not conduct all insurance activities in a manner consistent with the usual practice. On one occasion, the Licensee prepared the client's insurance illustration after the insurance application was submitted, which in Council's view demonstrated a lack of fact-finding and assessment of the client's needs. Council questioned how the client could make an informed decision when the

application was submitted before the client had even been shown the illustration detailing the policy. Further, Council determined that the Licensee did not understand or did not appear to fully comprehend his supervision requirements. Council noted the Complainant's text messages, where the Complainant had repeatedly asked for insurance documents from the Licensee and did not appear to have received them. The Licensee admitted that some of the insurance policies placed by him did not have approval or were not signed by his supervisor. The Licensee alleged that his supervisor was unavailable; however, when asked to provide evidence to demonstrate that the Licensee reached out to his supervisor with no response, the Licensee did not provide any evidence to support this allegation. Lastly, Council determined that the Licensee did not act competently or in line with the usual practice of dealing with clients by failing to complete the LIRD as required for two clients.

18. Council considered the impact of Council Rules 7(8) and 7(16.1) and Council's Code of Conduct guidelines on the Licensee's conduct, including section 5 ("Competence"), section 7 ("Usual Practice: Dealing with Clients") and section 13 ("Compliance with Governing Legislation and Council Rules"). Council concluded that the Licensee's conduct amounted to breaches of the above Code of Conduct sections and the professional standards set by the Code.

PRECEDENTS

19. 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.
20. [Virlie Aimendral Canlas](#) (November 2020): concerned a former life agent insurance agent who convinced numerous clients to obtain life insurance, regardless of their best interests, with the agreement that he would pay their first-year premiums in full. He also conducted unlicensed securities activities with funds received from clients. Chargebacks of over \$250,000 soon resulted from the former licensee's clients terminating their policies or having their policies lapse. Council ordered that no application for an insurance licence would be considered from the former licensee for five years; he was also assessed investigation costs. Council elected not to fine the former licensee due to his submission that he is attempting to repay the clients financially harmed by his misconduct, as a fine might impair or delay his attempts to repay those clients.
21. [Gary Ka Wai Ma](#) (April 2016): concerned a level 2 general insurance agent who failed to submit his annual licence renewal. The licensee did not receive the letter advising of his licence termination until early September 2014, as he had moved to a new address and had failed to update his contact information with Council. The licensee became aware of his licence termination on September 4, 2014. At that time, Council advised the licensee that he would have to reapply for his licence, and that he was required to submit information regarding his unlicensed activity to Council. Between July 31, 2014, and November 24, 2014, the licensee engaged in insurance activities at two agencies while unlicensed. The unlicensed activity continued after the licensee was aware of his licence termination, after the agencies were aware of the licensee's licence termination and after the nominee instructed

the Licensee to cease his unlicensed activity. As a result of the incident, Council reprimanded the licensee.

22. [Allen Stanley Young](#) (August 2022): concerned a life agent licensee who was found to have failed to document client communications and instructions. Council noted that without documentation it is difficult for a licensee to demonstrate that he or she acted appropriately should a concern arise regarding the handling of the client file. The lack of a documentation system in place called into question the licensee's ability to engage in the usual practice of insurance and called into question the licensee's competency. Council ordered that the licensee be supervised for 12 months, be required to complete various courses and be assessed investigation costs.
23. [Rosalie Abando Ninalga](#) (March 2024): concerned a life agent licensee that Council had concerns relating to her competency. While the licensee may have sold policies that were appropriate for her clients, she did not complete a properly documented needs analysis illustrating that she had engaged in sufficient fact-finding and justification of the insurance recommendations. This would make it very difficult for an outside party to assess the transactions in question and objectively verify if the products recommended were suitable or understood by the clients. Council determined that education and supervision were appropriate to address the licensee's competency concerns. Council ordered that the licensee be supervised for 12 months, be required to complete various courses and be assessed investigation costs.

MITIGATING AND AGGRAVATING FACTORS

24. Council considered potential mitigating and aggravating factors in this matter. Council considered the Licensee's co-operation with Council's investigation to be a mitigating factor. Additionally, Council also determined it was mitigating that the Licensee had his commission clawed back for the policies he sold during the Inactive Period. As for aggravating factors, Council found it aggravating that the Licensee's misconduct was an ongoing issue rather than an isolated issue, as both AJ and the Complainant advised that the Licensee was not providing insurance documents for review.

CONCLUSIONS

25. 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.
26. Council found that the Licensee would benefit from additional supervision and educational courses to ensure the Licensee's knowledge and skills meet the requirements of the usual practice in the industry. Council took into consideration that the Licensee's medical condition is preventing the Licensee from working full-time and believes it is appropriate to lengthen the time frame he is given to complete any requirements.
27. 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

28. Pursuant to sections 231, 236 and 241.1 of the Act, Council made an intended decision that:

- a. 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 commencing, at the latest, one month after the date of Council's order;
- b. The Licensee be required to complete the following courses, or equivalent courses, as acceptable to Council, within 180 days of Council's order:
 - i. the Council Rules Course for life and/or accident and sickness insurance; and
 - ii. Compliance Toolkit: Know Your Client and Fact-Finding, currently available through Advocis;(collectively, the "Courses")
- c. The Licensee be assessed Council's investigation costs in the amount of \$2,496.25, to be paid within 180 days of Council's order; and
- d. A condition be imposed on the Licensee's life and accident and sickness insurance agent licence that failure to obtain a supervisor as required, failure to complete the Courses, and pay the investigation costs within 180 days of the date of Council's order 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.

29. 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

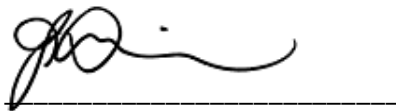
30. Council may take action or seek legal remedies against the Licensee to collect outstanding fines and/or costs, should these not be paid by the 180-day deadline.

RIGHT TO A HEARING

31. 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.**
32. 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 or visit the guide to appeals published on their website at [guidelines.pdf](#).

Dated in Vancouver, British Columbia, on the **22nd day of May, 2025.**

For the Insurance Council of British Columbia



Janet Sinclair
Executive Director