

In the Matter of the

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

and the

INSURANCE COUNCIL OF BRITISH COLUMBIA
 (“Council”)

and

CHRISTINE LYNN HEWITT
(the “Licensee”)

ORDER

As Council made an intended decision on January 27, 2026, pursuant to sections 231 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 12, 2026; 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 and 241.1 of the Act, Council orders that:

- a. The Licensee is fined \$3,000, to be paid by June 15, 2026;
- b. The Licensee is required to complete the following courses, or equivalent courses, as acceptable to Council, by June 15, 2026:
 - i. The Ethics and the Insurance Professional course, available through the Insurance Institute of Canada;
 - ii. The Insurance Council’s Supervision Course for General Insurance Agents;

- iii. The Insurance Council’s Nominee Course for General Insurance Agents and Adjusters; and
 - iv. The Council Rules Course for General Insurance Agents, Salesperson and Adjusters
- (collectively, the “Courses”);
- c. The Licensee is assessed Council’s investigation costs in the amount of \$2,263.75, to be paid by June 15, 2026; and
 - d. A condition is imposed on the Licensee’s general insurance licence that failure to pay the fine and investigation costs and complete the Courses by June 15, 2026 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 **16th day of March, 2026.**



Janet Sinclair, Executive Director
Insurance Council of British Columbia

INTENDED DECISION

of the

INSURANCE COUNCIL OF BRITISH COLUMBIA (“Council”)

Respecting

CHRISTINE LYNN HEWITT

(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 left pre-signed blank insurance forms for level 1 salespersons to use in her absence, that the Licensee did not conduct her supervisory duties competently and failed to conduct insurance business in accordance with the usual practice.
2. On December 1, 2025, as part of Council’s investigation, a Review Committee (the “Committee”) comprised of Council members met via video conference to discuss the investigation and to allow the Licensee an opportunity to provide additional information or make further submissions. 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 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 January 27, 2026, 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 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 on August 28, 2001. The Licensee obtained her general insurance agent level 3 licence on January 16, 2017, and at the same time obtained an authority to

represent (“ATR”) the agency (the “Agency”). The Licensee currently holds an ATR with the Agency at one of its locations. The Licensee has a producer agreement with the Agency and is responsible for hiring and managing the staff within a particular branch.

6. On March 15, 2024, XY (the “Complainant”) submitted a complaint against the Licensee to Council. The Complainant stated that, during her employment at the Agency, the Licensee instructed the Complainant to copy signatures from existing client files, affix them to new application forms and use the forms without the clients’ consent. The Complainant referred to this practice as “Frankensigning.” Council’s investigator was unable to find any documentation, beyond the Complainant’s allegations, indicating that the Licensee had instructed the Complainant or was aware of the practice of affixing existing client signatures from old insurance forms to new ones. Interview transcripts of previous and current Agency licensees within the branch in question did not provide any clear evidence supporting the allegation against the Licensee. The Complainant also alleged that the Licensee left general insurance salesperson Level 1 licensees (“Level 1 Salespersons”) unsupervised in the Agency conducting insurance business while the Licensee was on vacation for several weeks in both December 2021 and January 2023. During those times, the Licensee is alleged to have left pre-signed blank application forms for Level 1 Salespersons to use in her absence.
7. On April 3, 2024, the Complainant advised Council staff that the Licensee directed her to obtain the signatures of GR, CC and GC (collectively, the “Clients”) from their application on file, copy their signatures, cut them out and paste them on a form required by the insurer. The insurer required a signed acknowledgment in writing from the Clients stating that they were aware that any refund cheque that may be owed under the policy would be made payable to the owners of the strata plan. As the strata did not have its own bank account, this would pose an issue if the Clients tried to cash a cheque made out to the strata. As such, the insurer required written acknowledgment that the Clients were aware of this potential issue for the policy’s 2023-2024 term.
8. On August 6, 2024, Council’s investigator interviewed the Licensee. The Licensee denied any knowledge of the Complainant copying and pasting client signatures.
9. The Licensee attended a second interview with Council’s investigator on December 16, 2024. The Licensee reiterated that she had no knowledge that client signatures had been copied and pasted and she denied instructing licensees to conduct themselves in this manner. The Licensee advised that during her vacation, she continued to work and was remotely supervising the Level 1 Salespersons in the Agency. The Licensee stated she was always available through messaging and returned any calls within an hour.

10. Through interviews with former licensees and current licensees within the Agency branch in question, it was noted that when the Licensee was away, she would be available via email and telephone, and that she may have signed some insurance forms electronically.
11. During the Licensee's second interview on December 16, 2024, the Licensee admitted to pre-signing a couple of application forms. The Licensee expressed regret and stated that she did this to "keep things moving...quotes needed to be done, clients needed to be emailed, called, confirmed."
12. At the Committee meeting, the Licensee admitted that on one vacation in December 2021, she had left pre-signed standard insurance forms. The Licensee stated that she had left six pre-signed forms in the Agency for convenience while she was on vacation, so that the forms could be signed if her electronic signature was not available or if no other insurance agents within other branches of the Agency were available. The Licensee expressed remorse for leaving these pre-signed forms and acknowledged that these applications could have waited for her to review and sign when she was available. The Licensee provided a statement about her history as a licensee and expressed her desire to continue serving clients. She emphasized the hard work she has put into developing and building this branch of the Agency.

ANALYSIS

13. Council concluded that the Licensee's actions of pre-signing insurance forms and leaving them available for licensees to use demonstrated a lack of trustworthiness, good faith and competence. Council noted that the Licensee misled the insurer and the clients by leaving pre-signed forms for the Level 1 Salespersons within the Agency. The Licensee should be aware that Level 1 salespersons are not authorized to sign insurance contracts and that all policies must be reviewed by an insurance agent. By using pre-signed forms, the insurer would believe that the Licensee had reviewed the risk and recommended the submission. The Licensee knew that leaving pre-signed forms for new insurance policies was wrong, but disregarded her duties for the sake of convenience. Council did not understand why the Licensee would leave pre-signed insurance forms, when other insurance agents in other branches could have reviewed the policies while the Licensee was on vacation or when she could have reviewed the policies herself when she was away. Council found this practice to be an egregious misrepresentation to the insurer and determined that this practice is unacceptable under any circumstances.
14. Council further found that the Licensee's actions called into question her competence, as the Licensee's misconduct was a serious departure from what a reasonable and prudent licensee in similar circumstances would exercise. The clients' interests were not prioritized as the Licensee had

not reviewed the appropriateness of the policies even though her signature was on the insurance forms. If there was an issue with the insurance policy, clients would believe that they had acquired the appropriate insurance. Council concluded that the Licensee's actions were a breach of both competence and the usual practice of dealing with clients.

15. Council considered whether the Licensee met the requirements of appropriate supervision remotely when she was on vacation. The Licensee's evidence was corroborated by other statements of licensees and former licensees within the Agency's branch in question, stating that the Licensee was available daily via telephone, text and email when she was away. Additionally, the Licensee stated that she called the office at least once a day to check in with the licensees. Council determined that the Licensee was regularly available to answer questions from the Level 1 Salespersons and was available through appropriate means of communication and therefore felt that adequate supervision was in place when the Licensee went on vacation. However, Council concluded that the Licensee failed to properly supervise the Level 1 Salespersons as she did not review the policies submitted using the pre-signed forms. As a supervisor, the Licensee should not allow Level 1 Salespersons to conduct insurance business without the appropriate oversight and approval of an insurance agent. The Licensee's conduct of leaving pre-signed insurance applications for the Level 1 Salespersons showed a disregard for the Licensee's obligations as a supervisor and demonstrated inappropriate practices as acceptable to new Level 1 Salespersons.
16. Council concluded that the Licensee's misconduct amounted to breaches of Council Rule 7(8) and Code of Conduct section 3 ("Trustworthiness"), section 4 ("Good Faith"), section 5 ("Competence"), section 7 ("Usual Practice: Dealing with Clients") and section 8 ("Usual Practice: Dealing with Insurers").

PRECEDENTS

17. 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.
18. [*Mitsuko Ryomoto*](#) (June 2016): concerned a licensee who was responsible for the insurance activities at the agency in question. Council determined that there were Level 1 Salespersons at the agency who were engaging in insurance activities contrary to their licence restrictions. Additionally, the licensee's wife was engaging in insurance activities for the agency, even though she did not have authority to represent the agency. Council determined that the licensee failed to take sufficient steps to ensure

that the Level 1 Salespersons were carrying on insurance business in accordance with their licence restrictions. Council ordered a \$1,000 fine against the licensee and required the licensee to take courses.

19. [Christine Helene Craig](#) (August 2019): concerned a Level 3 general insurance agent who forged a number of client signatures on Insurance Corporation of British Columbia (“ICBC”) documents. Council accepted that the misconduct did not occur regularly and only occurred when efforts to contact clients were unsuccessful. Council further accepted that the licensee had no malicious intent, there was no evidence of client harm, and that she was extremely remorseful. However, Council found that the licensee ought to have known it was wrong to forge a client’s signature. Council fined the licensee \$1,000, required the licensee to complete an ethics course and the Council Rules Course, and assessed the licensee investigation costs.
20. [Barry Ann Michelle Turnbull](#) (November 2013): concerned a Level 1 general insurance salesperson who forged a client’s signature on ICBC documents. The licensee had been licensed with Council for approximately 10 years at the time of misconduct. The licensee was terminated by the agency as a result. Council determined that the forgery was done for convenience and without any intent to harm or for material gain. Nonetheless, Council held that the licensee’s conduct was clearly contrary to the usual practice of the business of insurance. Council fined the licensee \$1,000 and assessed the licensee investigation costs.
21. [Randal Thomas Brett Haw](#) (July 2020): concerned a licensee who admitted to having forged client signatures on electronic applications due to an erroneous understanding of procedures, believing that it was acceptable for an advisor to sign an electronic application on behalf of a client. There were also issues with the licensee having accessed client information without authorization and failing to obtain application information directly from a client. Council acknowledged that the licensee’s misconduct was not malicious or meant for personal gain; however, they also noted that he was an experienced agent, as well as the nominee of his agency, and ought to have known that the forgeries and other misconduct were unacceptable. Council ordered a fine of \$2,000, required the licensee to complete the Council Rules Course and assessed investigation costs.
22. [Christopher Robert Gerke](#) (August 2022): concerned a licensee who admitted to forgery by making false documents and falsifying client signatures for five clients on a total of 11 documents. The licensee had not implemented the appropriate needs analysis of clients (such as the Know Your Client and Reason Why letters in client files) that were being requested by the insurer. The licensee was unable to meet five of the clients before a deadline in which the insurer had requested documents related to the client transactions. The licensee claimed to be in a state of panic when he signed on behalf of the clients. The licensee stated that he had contacted all clients whose signatures he had forged and obtained genuine signatures on the Reason Why letters and Life Insurance Advisor Disclosure Forms. The

insurer formally reprimanded the licensee and required him to be supervised for one year as well as complete training. Council ordered that the licensee be fined \$1,000, required the licensee to complete the Council Rules Course and assessed investigation costs.

MITIGATING AND AGGRAVATING FACTORS

23. Council considered whether there were any mitigating and aggravating factors in this matter. Council found the Licensee's acknowledgement of the misconduct and remorse as a mitigating factor. However, Council found several aggravating factors. Council found that, as an experienced licensee who held supervisory and management responsibilities, the Licensee should have known better. Council also concluded it was aggravating that a licensee with this level of experience would be conveying to supervisees that this conduct is acceptable. Additionally, Council found it aggravating that the Licensee's conduct posed a potential risk of harm. The pre-signed application forms could have resulted in inappropriate policies being sold without review, or the insurer invalidating policies if they were not issued in accordance with the legal requirements of an insurance agent issuing the policy. While there was no direct evidence of any client harm, the potential risk of harm as a result of this kind of conduct is particularly concerning to Council.

CONCLUSIONS

24. After weighing all of the relevant considerations, Council found the Licensee to be in breach of the Council Rules and the Code of Conduct.
25. Council reviewed the precedents and weighed them against the conduct of the Licensee in allowing the Level 1 Salespersons to conduct insurance business outside of their licence restrictions, as well as the unacceptable conduct of pre-signing insurance forms, and determined a higher fine than the precedents is appropriate given the more serious misconduct. Although there was no malicious intent by the Licensee, Council has determined that a fine is required to communicate to the Licensee and the industry that inappropriate practices, even for convenience, are not acceptable.
26. Council concluded that the Licensee be fined \$3,000 and be required to take courses to increase the Licensee's knowledge and improve her supervisory practices within the Agency.
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 and 241.1 of the Act, Council made an intended decision that:

- a. The Licensee be fined \$3,000, to be paid within 90 days of Council's order;
- b. The Licensee be required to complete the following courses, or equivalent courses, as acceptable to Council, within 90 days of Council's order:
 - i. The Ethics and the Insurance Professional course, available through the Insurance Institute of Canada;
 - ii. The Insurance Council's Supervision Course for General Insurance Agents;
 - iii. The Insurance Council's Nominee Course for General Insurance Agents and Adjusters; and
 - iv. The Council Rules Course for General Insurance Agents, Salesperson and Adjusters

(collectively, the "Courses");
- c. The Licensee be assessed Council's investigation costs in the amount of \$2,263.75, to be paid within 90 days of Council's order; and
- d. That a condition be imposed on the Licensee's general insurance licence that failure to pay the fine and investigation costs and complete the Courses within 90 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

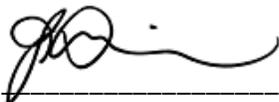
30. Council may take action or seek legal remedies against the Licensee to collect outstanding fines and/or costs, should these not be paid by the 90-day deadline.

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 **12th day of February, 2026.**

For the Insurance Council of British Columbia



Janet Sinclair
Executive Director