

# Agency, Managing General Agent and Adjusting Firm Insurance

Application Guide

January 2023

FINANCIAL AND  
CONSUMER SERVICES  
COMMISSION



COMMISSION DES SERVICES  
FINANCIERS ET DES SERVICES  
AUX CONSOMMATEURS

## Introduction

This guide explains the [FCNB portal](#) licence application process for Agency, Managing General Agent and Adjusting Firm applicants. This guide can be used only for new licence applications and not for renewals.

To begin this process, you must have already [created a portal account](#). If you require assistance creating a portal account, please refer to the [Portal Basics User Guide](#). Please note that linking your portal account to prior licence information is not required if you are a first-time applicant.

## How to Complete a New Licence Application in the FCNB Portal

- After logging in, click the *My Licensed Firm and Restricted Insurance Representative* link in the top menu.



- Click the *Add* button to start the application process.



### My Licensed Firm and Restricted Insurance Representative

#### Status

- Draft** - Application has been started; however, not completed.
- Submitted to Insurer** - Application is pending review and approval by the sponsoring insurer.
- Insurer Requires More Information** - The sponsoring insurer is seeking further information from the applicant. Please click the **Manage** button.
- Submitted to FCNB** - Application is submitted to FCNB for review. **Please note: Your application will not be reviewed until payment has been received.**
- Renewal Approved** - Renewal application has been reviewed by FCNB. **Please note: Your licence will not be issued until payment has been received.**
- Being Reviewed by FCNB** - Application is in the review process.
- Rejected** - Application has been rejected. Please check your email for correspondence.
- Closed Application** - Application has been closed by FCNB as the applicant did not respond to request(s) to provide additional information.

Transaction ID ↑	License Number	Type of licence	Status	Fee	Approved Start Date	Approved Expiry Date	Reason For Application
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There are no items to display.

- Select the type of licence and insurance business type.

## Licence type

Please select the licence type for which you are applying. Please do this carefully, as you cannot change your selection once you click "Next".

After that, select the applicant type from the dropdown list. For Corporation or Partnership applicants, you must confirm that you are properly nominated to be the individual to act for the applicant.

Type of Licence \*



Insurance Business Type \*

☐ I confirm that I am properly authorized to act on behalf of the applicant. If the applicant is a corporation, that I am a director, officer or designated management employee; if the applicant is a partnership, that I am a partner, officer or designated management employee; and if the applicant is a sole proprietorship, that I am the proprietor or a designated management employee. \*

Submit

Close

- Be sure to make the appropriate selections. Once you click *Submit*, your selection is set and cannot be changed. If an error has been made, a new application must be started by going back to the *My Licensed Firm and Restricted Insurance Representative* page and clicking *Add*. If you have a draft application with an incorrect licence type selection and would like to have it deleted, please send an email request to [support@fcnb.ca](mailto:support@fcnb.ca).

*Continued on following page.*

- Click *Submit* to proceed to the *Applicant Details* page.
- Include the legal name, address information and add any business names registered with New Brunswick's Corporate Registry.

0%

## Applicant Details

Please provide the legal name, any registered business names (i.e. tradenames or "doing business as" names), business address, address for service, mailing address, and the address where the business records will be maintained (if applicable).

Please note that you must submit confirmation that the firm is properly registered with New Brunswick's Corporate Registry (if applicable). If you have questions regarding New Brunswick's Corporate Registration Process, contact Service New Brunswick at [www.snb.ca](http://www.snb.ca) or 888-762-8600.

Legal Name \*

Registered business names

Add

Registered business name ↑

There are no records to display.

Business address

Address \*

Address line 2

City \*

Country \*

Telephone \*

Create

Registered business name

Submit

- Click *Next* to proceed to the *Branch Locations* page.
- If applicable, provide the address of any branch locations where you have individuals conducting business in New Brunswick. DO NOT enter your primary business location. Click *Add* to add the branch.

12%

## Branch Locations

Please provide the address of any branch locations where you have individuals conducting business in New Brunswick. Please do not add your primary business location (main office) if you have already listed it in the previous section.  
Click "Add" to add a branch

Add

Description	Address	Address line 2	City	Province/State	Region	Postal code	Country	Telephone	Extension	Email
There are no records to display.										

Previous

Next

Close

Add

### Branch location

Date branch opened \*

23/12/2022

Description

Address \*

Address line 2

City \*

Country \*

- Click *Next* to proceed to the *Partners, Directors and Officers* page.
- Click *Add* to enter the names and information of any partners, directors and officers.

21%

## Partners, Directors and Officers

Please provide the names of the partners, directors and officers of the organization.

Please note that each partner, director and officer must complete a Disclosure Form. After adding all partners, directors and officers, please click "Download Disclosure Form(s)" to download a PDF document containing the pre-populated forms for every partner, director and officer. These forms must be completed by the appropriate individual and uploaded along with a criminal record check at a later step of this application process.

Add

Last name ↑	First name	Position held
There are no records to display.		

Download Disclosure Form(s)

☐ I confirm that I have downloaded the Disclosure Forms and will have them completed appropriately by each partner, director and officer. \*

Previous

Next

Close

Create

### Partner, director or officer

First Name \*

Last Name \*

Date Of Birth (DD/MM/YYYY) \*

Position Held \*

Contact Information

Address \*

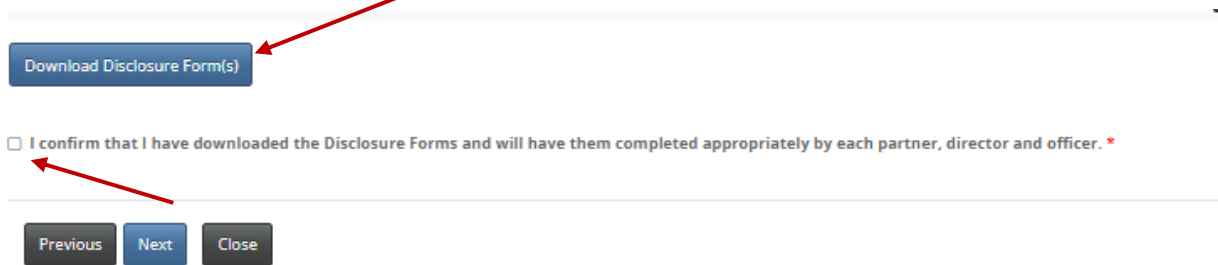
Address Line 2

City \*

Country \*

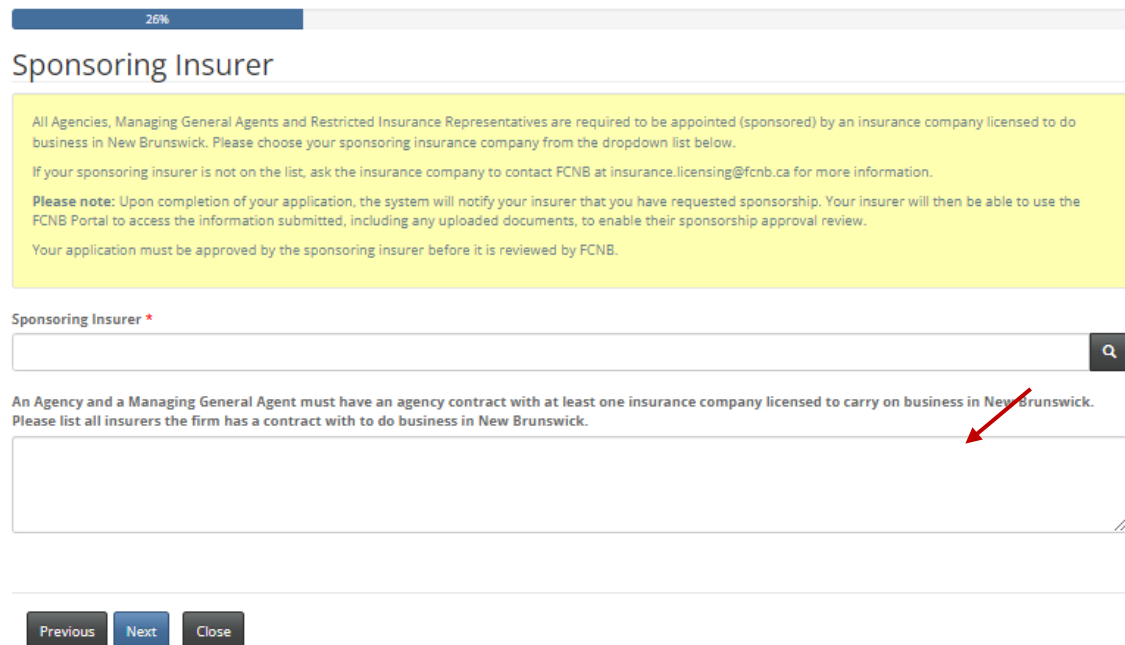
- Once the information has been added, you can download the disclosure forms to be completed by the appropriate partner, director or officer. The completed disclosure forms will need to be uploaded in the *Documents* section of the application process.

- Click *Download Disclosure Form(s)*.



A screenshot of a web form. At the top, there is a blue button labeled "Download Disclosure Form(s)". A red arrow points to this button from the text "Click Download Disclosure Form(s)." above it. Below the button is a checkbox with the text "I confirm that I have downloaded the Disclosure Forms and will have them completed appropriately by each partner, director and officer. \*". A red arrow points to this checkbox from the text "Click Next to proceed to the Sponsoring Insurer page." below it. At the bottom of the form are three buttons: "Previous", "Next", and "Close".

- Click *Next* to proceed to the *Sponsoring Insurer* page.
- All Agencies and Managing General Agents are required to be sponsored by an insurance company licensed to do business in New Brunswick. Choose your sponsoring company from the dropdown list by clicking on the search icon.
- If your sponsoring insurer is not in the dropdown list, ask the insurance company to contact FCNB at [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) for more information.
- An Agency and a Managing General Agent must have an agency contact with at least one insurance company licensed to carry on business in New Brunswick. In the text box, list all insurers the firm has contracts to do business with.



A screenshot of the "Sponsoring Insurer" page. At the top, there is a progress bar showing "26%". Below the progress bar is the title "Sponsoring Insurer". Underneath the title is a yellow box containing the following text: "All Agencies, Managing General Agents and Restricted Insurance Representatives are required to be appointed (sponsored) by an insurance company licensed to do business in New Brunswick. Please choose your sponsoring insurance company from the dropdown list below. If your sponsoring insurer is not on the list, ask the insurance company to contact FCNB at [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) for more information. Please note: Upon completion of your application, the system will notify your insurer that you have requested sponsorship. Your insurer will then be able to use the FCNB Portal to access the information submitted, including any uploaded documents, to enable their sponsorship approval review. Your application must be approved by the sponsoring insurer before it is reviewed by FCNB." Below the yellow box is a label "Sponsoring Insurer \*" followed by a search bar with a magnifying glass icon. Below the search bar is a text box with the following text: "An Agency and a Managing General Agent must have an agency contract with at least one insurance company licensed to carry on business in New Brunswick. Please list all insurers the firm has a contract with to do business in New Brunswick." A red arrow points to this text box from the text "In the text box, list all insurers the firm has contracts to do business with." above it. At the bottom of the form are three buttons: "Previous", "Next", and "Close".

- Click *Next* to proceed to the *Trust Account Details* page.

- If your firm receives trust money, you must provide details of the trust account(s). Click *Add* to add a trust account.

33%

## Trust account details

You must maintain a trust account if your Agency, Adjusting Firm, Managing General Agent or Restricted Insurance Representative business intends to receive or hold money in trust for an insurer or an insured. Please select the appropriate option to describe the handling of funds in your position.

Select one of the following two options

☒ I do not receive or hold money in trust for an insurer or insured (for example: funds are submitted directly to the insurer by the client)

☐ I do receive (or my agency/brokerage receives) money in trust for an insurer or insured

Please advise how money or other consideration is handled in your practice, without the use of a trust account.

Previous

Next

Close

- If a trust account is used, enter the required information, and click *Submit*.

Create

lect one of the  
I do not receive  
I do receive (or

## Add a Trust Account

Financial institution \*

Account number \*

Address \*

Address line 2

City \*

Account Number

ere are no recor

Previous

Add

- To edit or delete a trust account entry from the list, click the dropdown arrow button for the appropriate entry and then choose *Edit* or *Delete*.

<div>Add</div>				
Account Number ↑	Financial institution	Address	City	
12345	Progressive Credit Union Ltd.	2 progressive street	Fredericton	▼

- Click *Next* to proceed to the *Other Business Activity* page.
- Describe any business, other than insurance, conducted by the firm.

40%

### Other Business Activity

☐ No business activity is conducted other than insurance

Please describe any business activity conducted by the firm other than insurance. \*

Previous

Next

Close

- If no business, other than insurance, is conducted by the firm, simply check the box “No business activity is conducted other than insurance”.

*Continued on following page.*

- Click *Next* to proceed to the *Designated Representative* page.
- Fill in the required fields Note that the Designated Representative listed must meet the criteria as outlined in the [Rule INS-001 Insurance Intermediaries Licensing and Obligations](#).

46%

## Designated Representative

Please provide the name and contact information for the designated representative for the Agency, Adjusting Firm, Managing General Agent or Restricted Insurance Representative.

Please review the Designated Representatives section (Part 10) of Rule INS-001 to confirm that the selected individual meets the requirements. The designated representative for an Agency, Adjusting Firm or Managing General Agent will require an appropriate New Brunswick Insurance licence. While the designated representative for a Restricted Insurance Representative does not require an Insurance licence, they must submit a disclosure form and criminal record check with the application.

**Name \***

**Position within organization**

**Address \***

**Address line 2**

**City \***

**Province / State \***

**Country \***

**Postal Code / ZIP \***

**Telephone \***

**Email \***

**Number of years in the industry \***

**New Brunswick Insurance licence number**

☐ The designated representative listed meets the criteria as outlined in Rule INS-001. \*

Previous
Next
Close

- Click *Next* to proceed to the *Regulatory and Licensing Details* page.

- Provide details of any insurance licence(s) that the firm currently holds or has held in any jurisdiction, including New Brunswick, starting with the INITIAL issue year with CURRENT expiry date. Carefully follow the instructions and example in the yellow text box.

53%

## Regulatory and Licensing Details

Please provide the details of any insurance licence(s) that the firm currently holds or has held in any jurisdiction, including New Brunswick.

Please provide details of insurance licences held (current and past). If the firm has held a licence for several years, please only include the initial issue year and the current expiry date. E.g., the firm held an insurance agency licence in British Columbia, first issued in January 2018 and expiring in January 2023.

☐ My home jurisdiction does not currently require an insurance licence for an Agency, Adjusting Firm, Managing General Agent, or Restricted Insurance Representative.  
☐ The firm does not currently hold an insurance licence in any jurisdiction  
☐ The firm has never held an insurance licence in any jurisdiction.

Please provide details of your insurance licensing in all jurisdictions\*

Add

Jurisdiction <span style="font-size: 0.8em;">↑</span>	Home jurisdiction	Licence Type	Issued In	Expires In
There are no records to display.				

Has the firm ever been licensed or registered, in any jurisdiction to deal with the public in a capacity, other than insurance?  
☒ No ☐ Yes

Has the firm ever had any type of registration or licensing to deal with the public refused, restricted, suspended, revoked or cancelled?  
☒ No ☐ Yes

Has the firm ever been disciplined, or are you aware that the firm is currently the subject of an investigation by a regulatory body?  
☒ No ☐ Yes

Previous

Next

Close

- If the home jurisdiction does not require an insurance licence for an Agency, Adjusting Firm, or Managing General Agent, please select “My home jurisdiction does not currently....”

- ☒ My home jurisdiction does not currently require an insurance licence for an Agency, Adjusting Firm, Managing General Agent, or Restricted Insurance Representative.
- ☐ The firm does not currently hold an insurance licence in any jurisdiction
- ☐ The firm has never held an insurance licence in any jurisdiction.

- If the firm does not currently hold an insurance licence in any jurisdiction, please select “The firm does not currently....”

- ☐ My home jurisdiction does not currently require an insurance licence for an Agency, Adjusting Firm, Managing General Agent, or Restricted Insurance Representative.
- ☒ The firm does not currently hold an insurance licence in any jurisdiction
- ☐ The firm has never held an insurance licence in any jurisdiction.

- If the firm is registered with New Brunswick’s Corporate Registry and this is first time applying for licence, please select “The firm has never held an insurance licence in any jurisdiction”.

- ☐ My home jurisdiction does not currently require an insurance licence for an Agency, Adjusting Firm, Managing General Agent, or Restricted Insurance Representative.
- ☐ The firm does not currently hold an insurance licence in any jurisdiction
- ☐ The firm has never held an insurance licence in any jurisdiction.

- If the firm does hold a licence in another jurisdiction, click *Add* to enter the details in the text box and then *Submit*.

Please provide details of your insurance licensing in all jurisdictions\*

Add

Jurisdiction ↑

Home jurisdiction

Licence Type

Issued In

Expires In

There are no records to display.

Add

Regulatory and licensing details

Jurisdiction \*

Home jurisdiction \*

Licence type \*

Licence issued month \*

Licence issued year \*

Expiry month \*

Expiry year \*

- Click *Next* to proceed to the *Proceedings and Judgments* page.
- In this section, tell us about:
  - any criminal conviction(s)
  - whether a court has ever found the firm liable for misrepresentation or fraud
  - if any legal proceedings are pending against the firm or if you have been advised that a legal proceeding will be commenced against you
  - if you have any outstanding judgment(s)

- If “Yes” is selected to any of the above, a text box will be prompted for the required additional details.

60%

## Proceedings and Judgments

Please tell us about any criminal conviction(s), whether a court has ever found the firm liable for misrepresentation or fraud, if any legal proceedings are pending against the firm or if you have been advised that a legal proceeding will be commenced against you, and if you have any outstanding judgment(s).

If the answer to any question is “Yes”, please provide full details in the textbox. You may also upload additional documents in the “Upload Documents” section of the application.

Has the firm ever been convicted of a criminal offence for which a pardon or record suspension was not granted?

☒ No ☐ Yes

Has the firm ever been found liable by a court for misrepresentation or fraud?

☒ No ☐ Yes

Are there any legal proceedings pending against the firm?

☒ No ☐ Yes

Are there any court judgments against the firm that have not been satisfied?

☒ No ☐ Yes

Previous

Next

Close

- Click *Next* to proceed to the *Bankruptcy* page.
- Indicate whether the firm has ever been subject to a proceeding in bankruptcy, or entered in a proposal or an arrangement under the [Companies’ Creditors Arrangement Act](#). Any “yes” answers will prompt a text box for additional details.

66%

## Bankruptcy

Please indicate whether the firm has ever been subject to a proceeding in bankruptcy, entered into a proposal or entered into an arrangement under the *Companies’ Creditors Arrangement Act*.

If the answer to any question is “Yes”, please provide full details in the textbox. You may also upload additional documents in the Upload documents section of the application.

Has the firm ever been subject to a proceeding in bankruptcy or entered into a proposal?

☒ No ☐ Yes

Has the firm ever been subject to a proceeding or entered into an arrangement under the *Companies’ Creditors Arrangement Act*?

☒ No ☐ Yes

Previous

Next

Close

- Click *Next* to proceed to the *Errors and Omissions Insurance Coverage* page.

- Please review the requirement for insurance coverage under PART 13 – ERRORS AND OMISSIONS INSURANCE of [Rule INS-001 Insurance Intermediaries Licensing and Obligations](#). Per the instruction in the yellow text box, confirm that the firm has the required coverage.

73%

### Errors and Omissions Insurance Coverage

Please review the requirement for insurance coverage under PART 13 – ERRORS AND OMISSIONS INSURANCE of Rule – INS-001. Please confirm that the firm has the required coverage and upload a copy of your Errors and Omissions Insurance in the "Upload Documents" section of the application.

☐ I confirm that the firm has the required Errors and Omissions Insurance coverage. \*

Previous
Next
Close

- A copy of Errors and Omission Insurance will need to be uploaded in the *Documents* section of the application process.
- Click *Next* to proceed to the *Documents* page.
- You are required to upload disclosure form(s) and criminal record check(s) for any partners, directors or officers of the firm. You are also required to upload proof of the required Errors and Omissions Insurance and proof that the firm is registered with New Brunswick's Corporate Registry.

80%

### Documents

Please upload any required documents as outlined below. You may upload any additional documents that you feel will assist in the review of your application. If your firm has held an insurance licence in New Brunswick within the past 12 months, please contact [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) for more information about required documents.

**Partner/Director/Officer disclosure form(s) \***

Browse...

**Partner/Director/Officer criminal record check(s) \***

Browse...

**Proof that firm is properly registered with New Brunswick's Corporate Registry**

Browse...

**Errors and Omissions Insurance coverage \***

Browse...

**Please upload additional documents, if any.**

Browse...

Upload

Previous
Next
Close

- Click *Next* to proceed to the *Additional Information* page.
- Provide any additional information related to the application that has not been addressed in the previous sections.

86%

### Additional information

Please provide any additional information related to your application that was not addressed in previous sections.

Additional information

Previous
Next
Close

- Click *Next* to proceed to the *Validation and Confirmation* page.

93%

### Validation and Confirmation

You may use the "Previous" button to navigate back through the application if you wish to review or edit any entries or uploads. Once you are satisfied that the application is complete, please validate and confirm your application by checking the box below.

- I confirm that the information provided in this application is true and correct to the best of my knowledge and no material information has been omitted.
- I authorize FCNB to share the information submitted in this application with my sponsoring insurer.
- I understand that payment for this application must be received before it will be reviewed by FCNB.
- I understand that submitting an application does not guarantee that a licence will be approved and issued.
- **I understand the firm is not authorized to conduct insurance business in New Brunswick until the licence is approved**, at which point, I am responsible for downloading and printing a copy from the "My Licences" page of the FCNB Portal.

☐ I confirm that the information provided in this application is true and correct to the best of my knowledge and no material information has been omitted. \*

Previous
Next
Close

- Click *Next* to proceed to the *Fees and Payment* page.
- If you selected to pay online, you will be redirected to a Moneris page after which you will be returned to a Fees and Payment summary.
- If you selected to send payment later, you will be led directly to the Fees and Payment summary page. You can send or deliver payment to the address on the Fee Summary or call our toll-free number 1-866-933-2222 and pay by credit card.

## Fees and Payment

The total amount due for this application or filing is set out below. You have the option to pay online or send or deliver payment separately. Select the manner in which you wish to pay and then click 'Submit'.

Please note:

- If you select to pay online, you will be redirected to our payment processor, and will then be redirected to a page to download your statement.
- If you select to send or deliver payment separately, you will be redirected to a page to download your statement. Please include a copy of the statement with your payment so it can be properly credited to your account. If paying by cheque, make cheque payable to The Financial and Consumer Services Commission. Send or deliver payment to: 200-225 King Street, Fredericton NB E3B 1E1.

### Fee Summary

Test Shannon Thornton - Agency

Payment status: **Not Paid**  
Transaction ID: 220001123  
Transaction date: 2023-01-03

Fee details:

Base Fee	\$150.00
<b>Total</b>	<b>\$150.00</b>

Payment Method:

- ☐ Pay online using Visa, MC or Amex (DEV)
- ☐ I will send or deliver payment to FCNB separately

Previous

Submit

Close

- Click *Submit* to proceed.
- You can download a fee summary for your records from this page. This download is required if you are paying separately as it should accompany your payment. You can also access this summary later, from the Manage button for the submitted application.

## Fees and Payment

Please download a copy of the statement for this transaction by clicking the button below. If you have paid online please retain it for your records. If you selected to send or deliver payment separately please be sure to include a copy of the statement with your payment.

Please note that you will always be able to download a copy of a statement for a particular application or filing from the "Manage" page.

Once you have downloaded the statement, click 'Done'.

### Fee Summary

Test Shannon Thornton - Agency

Payment status: **Not Paid**  
Transaction ID: 220001123  
Transaction date: 2023-01-03

Fee details:

Base Fee	\$150.00
<b>Total</b>	<b>\$150.00</b>

Download Statement

Previous

Submit

Close

- Click *Submit* to complete the application process and proceed to confirmation page.

[FCNB Portal Home](#) / [My Licensed Firm and Restricted Insurance Representative](#) / [My Licensed Firm and Restricted Insurance Representative](#)

## My Licensed Firm and Restricted Insurance Representative

Your application has been submitted successfully.

## What Happens After I Submit my Application?

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You can monitor the status of your application on the *My Licensed Firm and Restricted Insurance Representative* page (refer to the status column).

Once your Agency or Managing General Agent application is submitted it will be reviewed by your sponsoring insurer (an Adjusting Firm application does not require sponsorship). This review will result in one of the following outcomes:

- If your application was properly completed and raises no issues it will be approved by your sponsoring insurer, then moved to “Submitted to FCNB” status.
- If your application is incomplete or requires additional information, you will receive an email advising more information is required by your sponsoring insurer. You must then log back into the portal and add the additional information to your application and re-submit.
- If your application is complete, but you do not meet the requirements for sponsorship, you will receive an email advising that your application has been rejected by your sponsoring insurer.

Once your application is submitted to FCNB, it will be reviewed by FCNB staff. This review will result in one of the following outcomes:

- If your application was properly completed and raises no issues, you will receive an email advising that your application is approved. You can then download your new licence from the *Actions* page (accessed by clicking the *Manage* button).
- If your application is incomplete or requires additional information, you will receive an email advising more information is required. You must then log back into the portal and add the additional information to your application.
- If your application is complete, but you do not meet the requirements for licensing, you will receive a letter advising that the Superintendent of Insurance intends to reject your application. You have certain rights in this case, details of which will be provided to you in the letter.

Please do not call our office to check on the status of your application unless you believe there is an issue with the submission. Refer to the *My Licensed Firm and Restricted Insurance Representative* page of the FCNB Portal to verify your application’s status.

For questions about this process, please email [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca).