Restricted Insurance Representative

Application Guide

January 2023

FINANCIAL AND CONSUMER SERVICES COMMISSION



COMMISSION DES SERVICES FINANCIERS ET DES SERVICES AUX CONSOMMATEURS

Summary

- The Rule <u>INS-001</u> *Insurance Intermediaries Licensing and Obligations* comes into force on 1 February 2023.
- Businesses that intend to act as an incidental seller of insurance, by soliciting, negotiating, selling or arranging insurance on goods or services to their clients, will have **90 days** to submit a completed application to FCNB for a Restricted Insurance Representative licence.
- Types of businesses that may apply for a Restricted Insurance Representative licence include:
 - an automobile dealership, a watercraft dealership, a recreational vehicle
 dealership, a farm implement dealership or a construction equipment dealership
 - a customs brokerage
 - a deposit-taking institution
 - a freight forwarding business
 - o a funeral provider
 - a mortgage brokerage
 - a sales finance company
 - o a transportation company that provides transportation service for goods
 - a vehicle rental business
- These types of businesses should apply for the appropriate class or type of insurance based on the insurance product that will be offered to clients and is appropriate for their business, including:
 - o cargo insurance
 - creditor's critical illness insurance
 - o creditor's disability insurance
 - o creditor's life insurance
 - o creditor's loss-of-employment insurance
 - creditor's vehicle inventory insurance
 - export credit insurance
 - funeral expense insurance
 - o guaranteed asset protection insurance
 - mortgage insurance
 - o rented vehicle accidental injury or death insurance
 - rented vehicle contents insurance
 - o rented vehicle liability insurance
 - replacement cost insurance
 - o travel insurance
- A Designated Representative for the business will need to create a profile in the <u>FCNB Portal</u> prior to submitting the Restricted Insurance Representative licence application. Please refer to the <u>Portal Basics User Guide</u> for information on how to create an account.
- The Designated Representative for a Restricted Insurance Representative must be:
 - in the case of a corporation, a director, officer or management employee of the licensed firm or Restricted Insurance Representative;

- in the case of a partnership, a partner or a management employee designated by the partnership; or
- in the case of a sole proprietorship, the sole proprietor or a management employee designated by the sole proprietor.
- Before beginning the application, the Designated Representative should gather the following information:
 - \circ the applicant's legal name and any business name that is being used;
 - the particulars of the business activity conducted;
 - the applicant's sponsoring insurer;
 - \circ the address of the head office and any branches of the business;
 - o the name of and information regarding the Designated Representative;
 - Evidence that the business maintains or is covered by errors and omissions insurance;
 - Trust account information;
 - The number of employees who will be authorized to transact on behalf of the applicant in New Brunswick;
 - \circ $\;$ The classes or types of insurance that the applicant wishes to transact under its licence; and
 - Information on directors, officers, or partners of the firm.

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

Create a Portal Account

The home page

Navigating to https://portal.fcnb.ca will bring you to the home page. Here you can:

- · Change the language of the page by toggling the button in the upper right hand corner
- Create an account, if you don't have one, by clicking the 'click here' link
- Sign in to the system (once you have created an account)

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teve access to an evelation code 7 Ne	loern it here. If you would the to cleate at a	acces uses hare.	
* Email			
* Password			
	Remember me?		
	Tiger in	Forget Year Passwind?	

Create an account

Step 1: Submit a valid email address. This will be your username. Please ensure the email address you submit is used only by you and that it is checked regularly, as all notices from the system will be sent to this email address.

C FCNB		@English +
Create Account		
We require you provide a valid email address. An e-mail	I will be sent to your inbox containing a link to complete the account creation process.	
* Provide a valid email	submi -	

A confirmation link will be sent to you, which will then permit you to create an account.

Step 2: Create your account. Select a password of at least 8 characters in length (containing at least 1 non-alphanumeric character) and select your language preference.

O FCNB	😧 English +
	Help

Create Account

Please create an account	by filling in the following fields. A password must be at least 8 characters in length and must contain at least one non-alphanumeric character.
* Email	TestAccount2@mailinator.com
* Password	
* Confirm Password	
* Language Preference	English
	Sign Up

Step 3: Fill in the required fields to add detail to your account profile:

Profile		
Saved to U: Drive		
	in order to use the online system we require certain p your contact information (home address, personal you wish to create.	ersonal information as set out below. Please provide phone.). Please also select the type(s) of account(s)
	Your Information	
	Title	
	First name *	Second Name/Initial
	Last name *	Date of Birth (DD/MM/VVVV)
		31/5/2019
	Home address Address *	
	City *	Province/State *
	Country *	Postal Code/ZIP *
	Phone Number (Home / Cell) *	Fax Number
	Phone Number (Business)	E-mail *
		testaccount3@mailinator.com

You only need to select the Agency/MGA/Firm/Restricted Insurance Rep box on the profile page. As a Restricted Insurance Representative, you do not require a CIPR Number.

Language
Preferred language *
English 🗸
Account Type
 Pension Plan Representative (register pension plans and other filings) Register Standard Contracts and Amendments (Trustee) LIF to RRIF Transfer Applications Mortgage Brokerage Mortgage Brokerage
 Insurance Registrant (apply for a licence) Agency/MGA/Firm/Restricted Insurance Rep External Organization Administrator
External Organization Authorized User
 Payday Lender Representative Direct Sellers Licencing Applicant
✓ Real Estate
✓ Resident of Canada *
Unique identification number
CIPR Number * Historic Licence Number
66339988 🗱
If you do not have a CIPR number click here
Organization Name
FCNB Test
✓ I agree to the portal terms of use. *
Please review the portal terms of use by clicking on the 'I agree to the portal terms of use' text and check the check box.
I agree to the portal terms of use. *
Update
Then click Update.

Start an application

After logging in, click the 'My Licensed Firm and Restricted Insurance Representative" link in the top menu:

FCNB		L Test Shannon Thornton →
Insurance Licences My Licensed Firm and Restricted Insuran	ice Representative	Help
FCNB Portal Home / My Insurance Licences		

• To start an application process, click the *Add* button. This will start the application process.

Insurance Licences	My Licensed Firm and	Restricted Insurance Rep	presentative				Help
FCNB Portal Home /	My Licensed Firm and R	lestricted Insurance Repre	esentative				1
My Licens Insurance	sed Firm a e Represe	and Restri ntative	cted			Add	
Status Draft - Applica Submitted to Insurer Requi Submitted to Renewal App Being Review Rejected - Applica	ation has been started; h Insurer - Application is ires More Information - FCNB - Application is su roved - Renewal applica red by FCNB - Application plication has been reject ration - Application has b	owever, not completed. pending review and appro- The sponsoring insurer i bmitted to FCNB for revie tion has been reviewed by is in the review process. ed. Please check your en been closed by FCNB as th	oval by the sponsor is seeking further in w. Please note: Y y FCNB. Please not nail for corresponde he applicant did not	ing insurer. formation from th our application v en: Your licence v ence. respond to reque	e applicant. Please click vill not be reviewed unt vill not be issued until p st(s) to provide additiona	the Manage button. il payment has beer payment has been n il information.	n received. eceived.
Transaction ID 🕇	License Number	Type of licence	Status	Fee	Approved Start Date	Approved Expiry Date	Reason For Application

There are no items to display.

• Using the dropdown menus, select the appropriate 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 the "Submit" button, 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.

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 *	
Restricted Insurance Representative	~
Type of Business *	~
Number of employees *	
	~
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. *

• Click *Submit* to proceed to the *Applications Details* page.

Include the legal name, address information and add any business names registered with New Brunswick's Corporate Registry.

	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 or 888-762-8600.
	Legal Name *
	Registered business names
	Registered business name 🕈
	There are no records to display.
	Business address Address *
	Address line 2
	City *
	Country*
	Telephone *
te	
R	egistered business name

• Once all information has been entered, 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. <u>DO NOT</u> enter your primary business location. Click *Add* to add the branch.

(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	

FC	Add			× hnon Thorntor
ance Licent Portal Hor	Branch locat	ion		1
Lice	23/12/2022			
12%	Description			
nch L se provide n office) if y	Address *			isiness location
"Add" to ac	Address line 2			
ption A	City *			Email
re no recor	Country *		~	

• Click *Next* to proceed to the *Classes of Insurance* page.

Previous Next Close

• Select the class(es) of insurance that will be offered under your Restricted Insurance Representative. Select all that apply.

18%
Classes of Insurance
Please select the class(es) type of insurance that will be offered under your Restricted Insurance Representative licence.
Cargo insurance Creditor's critical illness insurance Creditor's disability insurance Creditor's life insurance Creditor's life insurance Creditor's vehicle inventory insurance Fuperal expense insurance Guaranteed asset protection insurance Mortgage insurance Rented vehicle accidental injury or death insurance Rented vehicle liability insurance Rented vehicle lia
 Previous Next Close Click Next to proceed to the Restricted Insurance Representative Employees page. A Restricted Insurance Representative must take reasonable steps to ensure that it is not engaging an employee who has had an insurance licence refused, revoked or suspended unless the Superintendent gives prior written approval.
25%
Restricted Insurance Representative Employees
A Restricted Insurance Representative must take reasonable steps to ensure that it is not engaging an employee who has had an insurance licence refused, revoked or suspended unless the Superintendent gives prior written approval.
O I confirm that the firm is not engaging any employees who have had an insurance licence refused, revoked or suspended.

A Restricted Insurance Representative must take reasonable steps to ensure that it is not engaging an employee who has had an insurance licence refused, revoked or suspended unless the Superintendent gives prior written approval.
I confirm that the firm is not engaging any employees who have had an insurance licence refused, revoked or suspended. I am aware of an employee who has had an insurance licence refused, revoked or suspended.
Previous Next Close
If you are aware of an employee who has had an insurance licence refused, revoked or suspended. Please select that option and provide details in the text box.
re of an employee who has had an insurance licence refused, revoked or suspended.

• Click Next to proceed to the Partners, Directors and Officers page.

• Click *Add* to enter the names and information for any partners, directors and officers.

artners, Di	rectors and Officers		
Please provide the nan Please note that each p Form(s) [*] to download a individual and uploade	nes of the partners, directors and officers of the organi partner, director and officer must complete a Disclosur a PDF document containing the pre-populated forms fo ed along with a criminal record check at a later step of t	zation. e Form. After adding all partners, directors and officers, ir every partner, director and officer. These forms must b his application process.	please click "Download Disclosure se completed by the appropriate
			Add
ast name 🕇	First name	Position held	
re are no records to di	isplay.		
ownload Disclosure Fo	orm(s)		
confirm that I have	downloaded the Disclosure Forms and will have the	em completed appropriately by each partner, directo	r and officer. *
Proviour Novt	Gara		
Next	Close		
			×
ai practicing in your	Create		survey, which should take
ggregate and will ne 2. u close the survey w	Partner, director or officer	-	A
ulties, please contac			
	First Name *	Last Name *	
	First Name *	Last Name *	
	First Name *	Last Name *	
	First Name * Date Of Birth (DD/MM/YYYY) * 22/12/2022	Last Name *	on Thomton -
	First Name * Date Of Birth (DD/MM/YYYY) * 22/12/2022	Last Name *	on Thomton - Help
	First Name *	Last Name *	on Thornton - Help
D FCN Insurance Licences FCINB Portal Home	First Name * Date Of Birth (DD/MM/YYYY) * 22/12/2022	Last Name *	on Thomton - Help

~

Position held

whoaded the Disclosure Forms and will have them completed appropriately by each partner, director and officer.*

City *

Country *

Partners,

Last name 🕇

There are no records to display.

I confirm that I have

Previous Next Close

• 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 the 'Download Disclosure Form(s) for the form.

Download Disclosure Form(s)	
I confirm that I have downlo	ded the Disclosure Forms and will have them completed appropriately by each partner, director and officer. *
Previous Next Close	

- Click *Next* to proceed to the *Sponsoring Insurer* page.
- Restricted Insurance Representatives 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 <u>insurance.licensing@fcnb.ca</u> for more information.

All Agencies, Managing General Agents and F business in New Brunswick. Please choose y	lestricted Insurance Representatives are required to be appointed (sponsored) by an insurance company licensed to do our sponsoring insurance company from the dropdown list below.
If your sponsoring insurer is not on the list, a	isk the insurance company to contact FCNB at insurance.licensing@fcnb.ca for more information.
Please note: Upon completion of your appli FCNB Portal to access the information subm	tation, the system will notify your insurer that you have requested sponsorship. Your insurer will then be able to use the itted, including any uploaded documents, to enable their sponsorship approval review.
Your application must be approved by the sp	oonsoring insurer before it is reviewed by FCNB.
unioning insurer	
Agency and a Managing General Agent m ease list all insurers the firm has a contrac	ust have an agency contract with at least one insurance company licensed to carry on business in New Brunswick t with to do business in New Brunswick.
Previous Next Close	

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

• If your firm receives money in trust for an insurer or insured, you must provide details of the trust account(s). Click *Add* to add a trust account.





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

lect one of the	Create	×	
i do not receive I do receive (or r	Add a Trust Account Financial institution *		Add
ccount Numbe	Account number *	H	
ere are no recor	Address *		
Previous	Address line 2		
	City *		

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

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

40%	
Other Business Activity	
No business activity is conducted other than insurance	
Please describe any business activity conducted by the firm other	than insurance. *
	li li
Previous Next Close	

• Click *Next* to proceed to the *Designated Representative* page.

Continued on following page.

• Fill in the required fields. Note that the Designated Representative listed must meet the criteria as outlined in the <u>Rule INS-001</u> *Insurance Intermediaries Licensing and Obligations*.

45%	
Designated Representative	
Please provide the name and contact information for the designated represe Representative. Please review the Designated Representatives section (Part 10) of Rule INS-00 representative for an Agency, Adjusting Firm or Managing General Agent will representative for a Restricted Insurance Representative does not require an application.	ntative for the Agency, Adjusting Firm, Managing General Agent or Restricted Insurance I1 to confirm that the selected individual meets the requirements. The designated require an appropriate New Brunswick Insurance licence. While the designated Insurance licence, they must submit a disclosure form and criminal record check with the
Name *	
Position within organization	
Address *	
Address line 2	
City *	
Province / State *	
INCOLOR DE LE SAVELA	¥
Country *	~
Bestal Code / 718 k	
Postal Code / 21P -	
Telephone *	
Email *	
Number of years in the industry *	
New Brunswick Insurance licence number	
The designated representative listed meets the criteria as outlined in Ru	ile 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 identified in the yellow text box.

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.
Add
Jurisdiction 1 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 O Yes
Has the firm ever had any type of registration or licensing to deal with the public refused, restricted, suspended, revoked or cancelled? No O 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?
Previous Next Close

• If the home jurisdiction does not require an insurance licence for a Restricted Insurance Representative, 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 ju soliction does not currently require an insurance licence for an Agency, Adjusting Firm, Managing General Agent, or Restricted Insurance Representative.
- □ The firm has never held an insurance licence in any jurisdiction.

- If this is first time applying for a licence, please select "The firm has never held an insurance ٠ 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		×	
ovide ovide xpiry c		Regulatory and licensing details	*	and the
e juris Itativo does has n		Home jurisdiction * No O Yes Licence type *		irance
rovi		Licence issued month *		
n 🕇		V Licence issued year *		
recor		Expiry month *		
n ever		Expiry year *		
n ever				

- Click Next to proceed to the Proceedings and Judgments will appear. •
- In this section, tell us about: ٠

- any criminal conviction(s)
- o 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.

Proceedings and Judgments

Previous Next

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? \circledast No \bigcirc Yes		
Has the firm ever been found liable by a court for misrepresentation or fraud?		
Are there any legal proceedings pending against the firm? ® No O Yes		
Are there any court judgments against the firm that have not been satisfied? \circledast No \bigcirc 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 entered into an arrangement under the <u>Companies' Creditors Arrangement Act</u>. 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 Componies' 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 O Yes
Has the firm ever been subject to a proceeding or entered into an arrangement under the <i>Companies' Creditors Arrangement Act?</i>

- 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 <u>Rule INS-001</u> *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 reverage 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 revie firm has held an insurance licence in New Brunswick within the past 12 months, please contact insurance.licensing@fcnb.ca for more inf documents.	w of your application. If your ormation about required	
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.

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 to the Fees and Payment Summary page directly. 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 fi you wish to pay and then click 'Submit'.	is set out below. You have the option to pay online or send or deliver payment separately. Select the mann	er in which
Please note:		
 If you select to pay online, you will be re- If you select to send or deliver payment payment so it can be properly credited deliver payment to: 200-225 King Stree 	scted to our payment processor, and will then be redirected to a page to download your statement. sarately, you will be redirected to a page to download your statement. Please include a copy of the statemen our account. If paying by cheque, make cheque payable to The Financial and Consumer Services Commissio redericton NB E3B 1E1.	nt with your on. Send or
ee Summary est Shannon Thornton - Agency		
wment status: Not Paid ansaction ID: 220001123 ansaction date: 2023-01-03		
ee details:		
Base Fee	\$150.00	
otal	\$150.00	
ayment Method:		
Pay online using Visa, MC or Amey (DEV)	7	
and annual and and use of some fact.		

- 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			
rees and rayment			
Please download a copy of the statement or deliver payment separately please be	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 t	download a copy of a statement for a particular application or filing from the "Manage" page.		
Once you have downloaded the statemen	click 'Done'.		
Fee Summary Test Shannon Thornton - Age	CV		
Payment status: Not Paid			
Transaction ID: 220001123 Transaction date: 2023-01-03			
Fee details:			
Base Fee	\$150.00		
Total	\$150.00		
Download Statement			
Previous Submit Close			

• Click *Submit* to complete the application process and proceed to the 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.

Continued on following page

What Happens After I Submit my Application?

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 Restricted Insurance Representative application is submitted it will be reviewed by your sponsoring insurer. 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 <u>insurance.licensing@fcnb.ca</u>.