

Individual Insurance Licence Application Guide

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FINANCIAL AND
CONSUMER SERVICES
COMMISSION



COMMISSION DES SERVICES
FINANCIERS ET DES SERVICES
AUX CONSOMMATEURS

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Introduction

This is a guide for agent, adjuster, and other individual licence applicants to complete a licence application in the [FCNB portal](#). This guide can be used for a new licence application or to upgrade to a new licence category, it cannot be used for a licence renewal.

Before beginning the application process, please familiarize yourself with Rule INS-001 *Insurance Intermediaries Licensing and Obligations* and the requirements for each licence type. The application fee will not be refunded if you apply for the wrong licence type or if the insurer does not approve sponsorship.

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

FCNB

Insurance Licences My Licensed Firm and Restricted Insurance Representative Help

FCNB Portal Home / My Insurance Licences

My Insurance Licences

Add

Guides to the insurance portal processes are available at <http://www.fcnb.ca/insurance-portal-faq.html>

Renewal

- The renewal process for an insurance licence is made available in the portal **8 weeks prior to the expiry date** of a licence. It is not possible to renew a licence online before then.

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 | Licence Type | Status | Fee | Approved Start Date | Approved Expiry Date | Reason For Application |
|------------------|----------------|--------------|--------|-----|---------------------|----------------------|------------------------|
|------------------|----------------|--------------|--------|-----|---------------------|----------------------|------------------------|

- Login to your [FCNB Self-Serve Portal](#) account
- Select the *Insurance Licences* link in the top menu and the **My Insurance Licences** page will be displayed.
- To start an application, select the **Add** button. This will start the application process.

Introduction and selection of licence type

Note, once you select **Next**, you will be unable to make changes to this selection, and the application fee will not be refunded if you apply for the wrong licence type or if the insurer does not approve sponsorship

Introduction and selection of licence type

Before beginning the application process, please familiarize yourself with [Rule INS-001 Insurance Intermediaries Licensing and Obligations](#) and the requirements for each licence type.

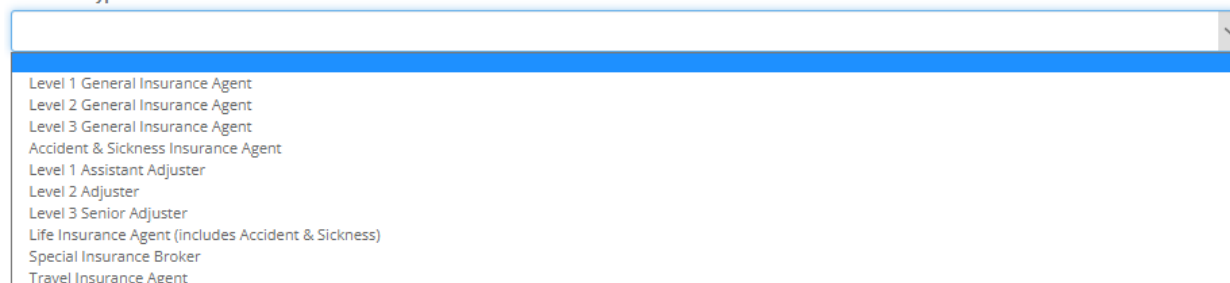
Select the appropriate licence type from the dropdown menu below to begin the application process. Note, once you select *Next*, you will be unable to make changes to this selection, and **the application fee will not be refunded if you apply for the wrong licence type or if the insurer does not approve sponsorship.**

Your application will be automatically saved as a draft once you have completed the first screen. You may leave the process anytime and return later to continue your application.

Once you have completed the application, you will be asked to pay a **non-refundable application fee.**

Your application will not be processed until payment is received.

Select the type of licence *



Level 1 General Insurance Agent
Level 2 General Insurance Agent
Level 3 General Insurance Agent
Accident & Sickness Insurance Agent
Level 1 Assistant Adjuster
Level 2 Adjuster
Level 3 Senior Adjuster
Life Insurance Agent (includes Accident & Sickness)
Special Insurance Broker
Travel Insurance Agent

- Select a type of licence you wish to apply for.
 - If an error has been made, a new application must be started by going back to the *My Insurance Licences* page and selecting **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 insurance.licensing@fcnb.ca.
 - Your application will be automatically saved as a draft once you have completed the first screen and as you progress through the steps. You are free to leave the process anytime and return later to continue your application.
Once you have completed the application, you will be asked to pay a non-refundable application fee. Your application will not be processed until payment is received.
- Select **Submit** to proceed to the *Agency, managing general agent or adjusting firm details* page

Agency, managing general agent and adjusting firm details

Agency, managing general agent or adjusting firm details

Enter the information for the agency, managing general agent, or adjusting firm that you represent. If you represent multiple organizations, please add them all.

If you are an **agent** or **adjuster** that works directly for your sponsoring insurer, check the box below.

If you are an **adjuster** enter your employer company information here. This can be an adjusting firm, an insurer licensed to do business in New Brunswick or another company with which you are employed or own. If you are self-employed, please indicate that you do not work for a corporation or firm.

- ☐ I am employed directly with the insurer
- ☐ I intend to conduct business as a licensee through or on behalf of an agency, brokerage, firm or corporation.
- ☐ I do not intend to conduct business as a licensee through or on behalf of an agency, brokerage, firm or corporation.

Next

Close

- Enter the details of any Agency, Managing General Agent, or Adjusting Firm that you represent.
- If you are employed directly by the sponsoring insurer, check the box that states, “I am employed directly...”
- If you work for an Agency, Managing General Agent or Adjusting Firm, check the box that states, “I do intend to conduct business ...”.
- Select the **Add** button, you can add or delete agencies or firms as required.

| | | | Add |
|--------|-----------------------|-------------|---|
| Name | Address | City | |
| test 1 | 200 - 225 King Street | Fredericton | <div><div>▼</div><div>Edit</div><div>Delete</div></div> |

- If you are working as an independent agent, check the box that states “I do not intend to conduct business ...”
- Select **Submit** when you have entered the required details.
- Select **Next** to proceed to the *Sponsoring insurer* page.

Sponsoring insurer

Sponsoring insurer

All agents and brokers are required to be appointed (sponsored) by an insurance company (Insurer) licensed to do business in New Brunswick. Please choose your sponsoring insurer from the dropdown list below.

If your insurer is not on the list, please contact the insurance company and ask them to contact FCNB to complete their registration in the portal.

Sponsoring insurer *

Previous

Next

Close

- Select your sponsoring insurer from the drop down.
 - If your sponsoring insurer is not in the dropdown list, contact FCNB at Insurance.Licensing@FCNB.ca.
- Select **Next** to proceed to the *Supervisor details* page.

Supervisor details

A General Insurance Agent Level 1 or Level 2 who has not been licensed for more than 12 months in New Brunswick or in another jurisdiction must include their supervisor's information in the application. Those who have held a licence for more than 12 months in New Brunswick or in another jurisdiction may enter the Designated Representative's information.

A Level 1 Assistant Adjuster who has not been licensed for more than 12 months in New Brunswick or in another jurisdiction shall include their supervisor's information in the application. Those who have held a licence for more than 12 months in New Brunswick or in another jurisdiction may enter the designate representative's information.

Supervisor details

All level 1 and level 2 general insurance agents must be supervised for 12 months after the licence is issued by an appropriate supervisor

Supervisor Name *

Email address *

Phone *

Previous

Next

Close

- Provide the name, email address and phone number of your supervisor
- Select **Next** to proceed to the *Trust account details* page.

Trust account details

Trust Account Details

If you intend to receive or hold money in trust for an insurer or an insured, you must maintain a trust account. Please select the appropriate option to describe how funds are handled in your position.

Please select one of the following two options

☐ The firm does not receive or hold money in trust for an insurer or insured.

☒ The firm receives money in trust for an insurer or insured.

Add

Trust Institution ↑

Trust Phone

Bank Name

0000000000

▼

Edit
Delete

Previous

Next

Close

- If you do not receive or hold trust money, please select "I do not receive or hold money in trust..."

- If you or your employer receive or hold trust money and will maintain a trust account(s), you must provide details of the trust account(s). Please select “I do receive money in trust...” and select Add to add a trust account.
 - To edit or delete a trust account entry from the list, select on the dropdown arrow for the appropriate entry and then choose *Edit* or *Delete*.
- Select **Next** to proceed to the *Employment details* page.

Employment details

Employment details

Please provide details of your past and present employment for the last 5 years.
To add an employment history entry, click the [Add] button on the right.
If you are indebted to a former employer, you must provide particulars.

[Add](#)

| Employer | Nature of business | Position held | Start ↑ | End | Reason for leaving |
|----------------------------------|--------------------|---------------|---------|-----|--------------------|
| There are no records to display. | | | | | |

If you have any periods of unemployment in the past 5 years, please provide us with a brief description of your activities during this time.

☐ I am not currently indebted to a former employer.

Please provide particulars, including to whom and why an amount is owed, and the amount outstanding. *

[Previous](#)
[Next](#)
[Close](#)

- You will be required to enter your employment details from the past five years including your current employment or offers of employment.
- If you have not been employed in the previous five years, provide a brief description of your activities during this time in the box provided.
- Select **Next** to proceed to the *Insurance related work experience* page.

Insurance related work experience

Please provide details of any previous insurance experience you may have. **Do not enter current insurance work experience here.** This is only for prior experience application.

Insurance related work experience

Please provide details of any prior insurance related work experience. To add experience, click the [Add] button on the right. If you do not have prior insurance related work experience, check the box below and click Next.

☐ I do not have prior insurance related work experience

Add

| Jurisdiction | Employer ↑ | Nature of experience | Start | End | Reason for leaving |
|--------------|------------|----------------------|-------|-----|--------------------|
|--------------|------------|----------------------|-------|-----|--------------------|

There are no records to display.

Previous Next Close

- If you do not have any prior insurance related work experience, check that box.
- Select **Next** to proceed to the *Regulatory and licensing details* page

Regulatory and licensing details

Regulatory and licensing details

Please provide the details of any insurance licence(s) that you currently hold or have held in the past in any jurisdiction, including New Brunswick.

☐ I do not currently hold an insurance licence in another jurisdiction and I have not been previously licensed to conduct insurance business in New Brunswick or elsewhere.

Please provide details of your insurance licensing history in New Brunswick or elsewhere*

Add

| Jurisdiction ↑ | Home jurisdiction | Licence Type | Issued In | Expires In |
|----------------|-------------------|--------------|-----------|------------|
|----------------|-------------------|--------------|-----------|------------|

There are no records to display.

- Please provide details of all licences you currently hold in all jurisdictions. If the licence has been held consecutively, please use your start date for the “Issued In” date.
- This section should list all prior licences you have held in all jurisdictions, including expired and terminated licences.
- For the remaining checkboxes, if you do not check the box, you must enter the appropriate details in the text box provided.

☐ I have never been refused any kind of professional registration or licensing to deal with the public.

Please provide details of any refusals of any professional registration or licensing to deal with the public, including type of licensing, applicable dates and an explanation of the circumstances. *

☐ I have never had any type of registration or licensing to deal with the public restricted, suspended, revoked, or cancelled.

Please provide details of any restriction, suspension, revocation or cancellation of registration or licensing to deal with the public including the type of licensing, applicable dates and an explanation of the circumstances. *

☐ I have not been subject to investigation by and/or discipline from, nor am I aware that I am currently the subject of an investigation, by a regulatory body in either Canada or the United States of America.

Please provide details of any discipline or investigation of which you are aware, including the type of discipline/nature of the investigation, applicable dates and an explanation of the circumstances. *

☐ I do not currently hold any other professional licence(s) under any other Act of the Province of New Brunswick.

Please provide a brief description of any other professional license(s) you hold under any other Act of the Province of New Brunswick. *

☐ I have held an Insurance licence in New Brunswick within the past 12 months

Previous

Next

Close

- Select **Next** to proceed to the Judgments, Criminal Convictions and Bankruptcy pages.

Judgments, Criminal Convictions and Bankruptcy

This series of suitability questions requires you to either check a box or provide details in a text box. Read the instructions of each of these pages carefully and check the box as appropriate.

- Complete the following sections:
 - Judgments
 - Criminal convictions
 - Bankruptcy or consumer proposal
- Select **Next** to proceed to the *Errors and Omissions* insurance page

Errors and omissions Insurance

All insurance applicants must be covered by errors and omission insurance of no less than \$1,000,000 for any one occurrence, and overall policy coverage of at least \$2,000,000.

This does not apply to an Adjuster or Agent who is a direct employee of an insurer and who works exclusively for that insurer.

Errors and Omissions Insurance

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

☐ I confirm I have the required Errors and Omissions Insurance coverage.

Have you ever had an errors and omissions claim against you related to business in insurance?

Previous

Next

Close

- Select **Next** to proceed to the *Dismissal* page.

Dismissal

Dismissal

If you have ever been dismissed by an employer, please provide the required particulars. If not, please check the box below and click Next.

☐ I have never been dismissed by an employer.

Please provide a detailed description of the circumstances (including the employer and date) leading to the dismissal. *

☐ I am currently indebted to this employer

Previous

Next

Close

- If you have never been dismissed by an employer, please check the box "I have never been dismissed by an employer."
- If you have been dismissed by an employer, please provide details in the text box provided.
- If you are currently indebted to this employer, please check that box.
- Select **Next** to proceed to the *Other business activity or employment* page

Other business activity or employment

Other business activity or employment

Please provide us with details of your other business activities if you do not intend to make the activities associated with your licence your only occupation. If you intend to make the activities associated with your licence your only occupation, please check the box below and click Next.

☐ I intend to devote all my time to my licensed business.

Other business activities

Add

Name of business or office ↑

Sector

City

There are no records to display.

Previous

Next

Close

- If you do not have any non-insurance related employment, please check the box, “I intend to devote all my time...”
- If you have employment other than your insurance business, select the **Add** button and provide details as required.
 - Do not enter mutual funds or securities registration info here, you will enter this in the next section.
- Select **Next** to proceed to the Mutual funds and securities page.

Mutual funds and securities

Mutual funds and securities

Please indicate whether you currently hold a licence or registration with respect to the trading of mutual funds and/or securities. If yes, please provide the additional information required.

If you do not currently hold a licence or registration with respect to the trading of mutual funds and/or securities, leave the checkbox unchecked and then click "Next" to proceed.

☐ I do hold a licence or registration with respect to the trading of mutual funds and/or securities.

Previous

Next

Close

- If you hold a mutual funds or securities registration, please select “I do hold a licence or registration...”. Enter details as required.
- If you do not hold a mutual funds or securities registration, select **Next** to proceed to the *Educational requirements* page.

Educational requirements

Educational requirements

Based on the licence for which you are applying, the available options for meeting the educational requirements are set out below. Please review these carefully and ensure you meet them. If you do, please check the box at the bottom and click Next. Please note that you will be required to upload supporting documentation which establishes that you have met the educational requirements, at the end of this application process.

Educational requirements will display here

☐ I have read and understand the above requirements. *

Previous

Next

Close

- Please review and ensure that you have met the educational requirements of the licence type you have applied for.
- Once you have reviewed the educational requirements, check the box, "I have read and understood the above requirements".
- Select **Next** to proceed to the *Additional information* page

Additional information

Additional Info

If you have any additional information related to your application (that was not addressed in previous steps), please enter the details below.

Additional information

Previous

Next

Close

- You may use this section to provide any additional information you feel is relevant to your application Ex. Reason for a lapse in licence.
- Select **Next** to proceed to the *Documents* page.

Documents

Documents

You have completed the data entry portion of the application. As a result of your previous selections, it may be necessary that you provide documentation. You may also upload any other documentation which you wish FCNB to consider.

How to upload a document:

- Place all files to be uploaded in the same directory or folder on your computer.
- Click the "Browse" button for a particular item to upload. A window to access files on your computer will appear. Browse to the folder containing your files.
- Select the file(s) on your computer (hold down the CTRL key to select multiple files) and click "Open" in the window. The text box to the left of the "Browse..." button should now indicate the selected files.
- Repeat this process for each item requiring document upload. Add any documents not within a particular category under the "Additional documents" item.
- Once you have selected files for all items, click "Upload". This will upload all your documents simultaneously.
- Once complete, uploaded documents will appear with the item with respect to which they were uploaded. Please ensure that all documents you wanted to upload are listed. Add further documents by clicking "Browse..." again. (Note that an additional Browse and Upload will add to the uploaded list and will not replace previously uploaded files. To delete a particular uploaded file, click the little garbage can to the right of the file.)

File name restrictions: Please note that hyphen, underscore and period (".", "_" and ".") are the only non-alphanumeric characters permitted in the name of a file you upload. A file name containing any other non-alphanumeric character will be rejected by the system and cannot be uploaded.

Proof of Education and/or experience / Proof of license in home jurisdiction (Non-NB agent/broker applicants) *

 Browse...

Errors and Omissions Insurance coverage *

 Browse...

Please upload additional documents, if any.

 Browse...

- Certain applications may require you to provide a criminal record check, educational documents, proof of insurance, etc. Use the *Browse* button to locate the file on your computer, then select *Upload* to attach the document. All required documents will be marked with (*).
- Select **Next** to proceed to the *Validate your application* page.

Validate your application

Validate your application

You have completed the required data entry for your application for licencing. If you wish to review and/or edit any of your entries, you may use the previous button to navigate back through the previous steps. Once you are satisfied with the data entered, we ask that you confirm the validity of the data entered below.

Please note that before we can process your application, you must also give us permission to share the information submitted with your employer/sponsoring insurer.

After you validate your application, you will be presented with options to pay the fee, including online payment.

After submission, you will receive an email confirming receipt of your application. Please note that once your application is submitted, it cannot be changed.

Please ensure all your information is correct. If you are missing any information, this will delay the processing of your licence application. Please note that you are not able to conduct any business in insurance in New Brunswick without a valid licence.

- ☐ 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 employer and/or sponsoring insurer. *
- ☐ I understand that payment for this licence must be received before it will be issued. *

- Read the instructions and check the three boxes to validate your application.
- Select **Next** to proceed to the *Fees and payment* page.

Fees and Payment

Applications will not be processed until payment is received.

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 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 Test - Level 1 General Insurance Agent

Payment status: **Not Paid**

Transaction ID: 230057224

Transaction date: 9/20/2023

Fee details:

| | |
|----------|----------|
| Base Fee | \$125.00 |
| Total | \$125.00 |

Payment Method:

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

[Previous](#) [Submit](#) [Close](#)

- You will have the following options to pay for your application:
 - **Pay online using Visa, Mastercard, Amex or Interac debit** - You will be redirected to a Moneris page after which you will be returned to a Fees and Payment summary
 - **Send or deliver payment to FCNB separately** - You can send payment to the address on the Fee Summary or call our toll free number 1-866-933-2222 and pay by credit card
- Note that you can download a fee summary for your records from this page. Please do so if you are paying separately as this document is required in order to process (and must accompany) your payment. You can also access this summary later, from the "Manage" button for the submitted application.

- To download a copy of the fee statement, select *Download Statement*.

Download Statement

Previous

Submit

Close

- Select **Done** to proceed, this will return you to the *My Insurance Licences* page

Continued on following page.

What happens after I submit my application?

You may view the status of your application by reviewing the *My Insurance Licences* page (refer to the **status** column).

Once your 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 selecting 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 Insurance Licences” page of the FCNB Portal to verify your application’s status.

For questions about this process, please email insurance.licensing@fcnb.ca.