

Duty to Report Submission

Agency, Managing General Agent and Adjusting Firms

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FINANCIAL AND
CONSUMER SERVICES
COMMISSION



COMMISSION DES SERVICES
FINANCIERS ET DES SERVICES
AUX CONSOMMATEURS

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Introduction

This guide explains the [FCNB portal](#) process for Agency, Managing General Agent, Adjusting Firms and Restricted Insurance Representatives to file a Duty to Report submission. This guide can be used only for active Agency, Managing General Agent, Adjusting Firm and Restricted Insurance Representative licences.

Before beginning the application process, please familiarize yourself with the [Duty to Report](#) requirements under [Rule INS-001 Insurance Intermediaries Licensing and Obligations](#).

How to complete a Duty to Report submission in the FCNB portal

- After logging in, select the *My Licensed Firm and Restricted Insurance Representative* link in the top menu.
- Find the licence for which you're making a submission from the list below and select *Manage*.

The screenshot shows the FCNB portal navigation menu with 'My Licensed Firm and Restricted Insurance Representative' highlighted. Below the menu is the breadcrumb 'FCNB Portal Home / My Licensed Firm and Restricted Insurance Representative'. The main heading is 'My Licensed Firm and Restricted Insurance Representative' with an 'Add' button. A yellow status box lists application statuses: Draft, Submitted to Insurer, Insurer Requires More Information, Submitted to FCNB, Renewal Approved, Being Reviewed by FCNB, Rejected, and Closed Application. Below this is a table of applications with columns for Transaction ID, Licence Number, Type of licence, Status, Fee, Approved Start Date, Approved Expiry Date, and Reason For Application. The first row (230029009) has a 'Manage' button highlighted in red. The second row (230028720) has a 'Manage' button below it.

Transaction ID ↑	Licence Number	Type of licence	Status	Fee	Approved Start Date	Approved Expiry Date	Reason For Application
230029009	230029009	Agency	Approved by FCNB	Paid	1/2/2024	31/3/2024	New Licence Application Manage
230028720	230028720	Agency	Draft				New Licence Application Manage

- This will take you to the *My Licensed Firm and Restricted Insurance Representative Application Actions* page.
- Scroll to the bottom of the that page, where you'll find the *Actions* section. Select *Duty to Report* to begin your submission.

Actions

Statement

Download Statement

Download Licence

Duty to Report

Duty to Report

- Use the dropdown menu to select the type of change you are reporting and use the date field below to provide the date this change will take effect. Select *Submit*.

Duty to Report

Type of change *

Effective date *

1/2/2024

Submit Close

- Instructions for each type of change can be found below.

Change in Legal Name or Address

- Please use the fields to provide the details of any change in legal name, registered business name, or business, service or mailing address of the licensed firm or Restricted Insurance Representative.
- To add a new registered business name, select *Add*, fill in the field on the pop-up window and select *Submit*.
- To edit or remove a registered business name, find the name in the list provided, select the down arrow to the right of that location and select *Edit* or *Delete*.

Applicant Details

Please provide the details of a change in legal name or address of the licensed firm or Restricted Insurance Representative including the new information

Legal Name *

Registered business names

Add

Registered business name ↑

test

Edit
Delete

Business address

Address *

- **Please Note: You must fill out all required fields, even if they have not changed.**
- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Change in Branch Location

- Please provide the details of any licensed firm or Restricted Insurance Representative branch locations to be added or removed.
- To add a new location, select *Add*.
 - In the pop-up window, include the address of the branch location, and the effective date. Select *Submit*.
- To edit or remove a location, find the location in the list provided, select the down arrow to the right of that location and select *Edit/Delete*.
 - In the pop-up window, select the desired action, update information as required, provide and the effective date. Select *Submit*.

Change in branch location

Please provide the details of any licensed firm or Restricted Insurance Representative branch locations to be added or removed.
Please include the address of the branch location, the reason for the change and the effective date.

Add

Create Update Delete	Description	Address	Address Line 2	City	Province or State	Region	Postal code / ZIP	Country	Telephone	Extension	Email
Create	new branch location	123 main street		Saint John	New Brunswick		E2E 4C4	Canada	506-555- 5555		

Edit / Delete

Next Close

- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Change in Partner, Director or Officer

- Please provide the details of a change in ownership* partner, director, officer or manager of the licensed firm or Restricted Insurance Representative.
- To add a new partner, director or officer, select *Add*.
 - In the pop-up window, include the name, effective date, position, address and contact information of the new partner, director or officer. Select *Submit*.
- To edit or remove a partner, director or officer, find the name in the list provided, select the down arrow to the right of that name and select *Edit/Delete*.
 - In the pop-up window, select the desired action, update information as required, and select *Submit*.
- If the new individual is not currently licensed with FCNB or regulated by OSFI, select *Download Disclosure Form(s)*, save and fill out the form and upload it later on the Documents page.

Change in partner, director, officer

Please provide the details of a change in ownership* partner, director or officer of the licensed firm or Restricted Insurance Representative.

Please include the information of the new partner, director or officer, the reason for the change and the effective date. If the individual is not currently licensed with FCNB or regulated by OSFI, a director disclosure form and criminal record check are required and must be uploaded below.

*Please note: If the change in ownership creates a new corporate entity, a new licence would be required.

[Add](#)

Create Update Delete ↑	First Name	Last Name	Position within organization
	test	test	test

[Download Disclosure Forms](#)

[Edit / Delete](#)

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

- ***Please note: If the change in ownership creates a new corporate entity, a new licence is required.**
- Select *Next* to proceed to the Details page.
- Use the text box to provide the reason for change in partner, director or officer.

Details

Please provide the reason for the change in ownership* partner, director or officer of the licensed firm or Restricted Insurance Representative.

*Please note: If the change in ownership creates a new corporate entity, a new licence would be required.

Details

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

- Select *Next*, to proceed to the Documents page where you can upload supporting documents including the disclosure form for any new partner, director or officer who is not currently licensed with FCNB or regulated by OSFI.

Employee Departure

- Please use the text box to provide the details of a licensed individual departing from the licensed firm for any reason, including termination, dismissal or retirement. Include the name and contact information of the employee and a description of the reason for departure.
- **Please note: The sponsoring insurer must be notified so they can terminate the departing employee's licence.**

Employee departure

Please provide the details of a licensed individual departing the licensed firm for any reason, including termination, dismissal or retirement.
Please include the name and contact information of the employee and a description of the reason for departure.
Please note: The sponsoring insurer must be notified so they can terminate the departing employee's licence.

Details *

Next

Close

- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Misconduct of any Individual Related to the Business

- Please use the text box to provide the details of any misconduct by any individual related to the business of the licensed firm or the insurance business of a Restricted Insurance Representative.
- Include a description of the behaviour, what jurisdiction it took place in, and the name of the regulatory or professional body that is conducting the investigation or issued the decision.

Misconduct or non-compliance

Please provide the details of any misconduct by any individual related to the business of the licensed firm or the insurance business of a Restricted Insurance Representative.
Please include a description of the behaviour, what jurisdiction it took place in, and the name of the regulatory or professional body that is conducting the investigation or issued the decision. Please upload any supporting documents.

Details *

Next

Close

- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Any Investigation, Disciplinary Action or Decision by a Regulatory or Professional Body

- Please use the text box to provide the details of any investigation, disciplinary action or decision, by a regulatory or professional body, regarding the licensed firm or its directors, partners or officers.
 - Include a description of the case, what jurisdiction it took place in, and the name of the regulatory or professional body that is conducting the investigation or issued the decision.
 - Include the outcome of the investigation and upload any supporting documents later on the Documents page.

Investigation, disciplinary action or decision

Please provide the details of any investigation, disciplinary action or decision, by a regulatory or professional body, regarding the licensed firm or its directors, partners or officers.
Please include a description of the case, what jurisdiction it took place in, and the name of the regulatory or professional body that is conducting the investigation or issued the decision. Please include the outcome of the investigation and upload any supporting documents.

Details of change *

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

- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Errors and Omissions – Claim related to the business

- Please use the text box to provide the details of any errors and omissions claim related to the insurance business of a licensed firm, a Restricted Insurance Representative or any of its employees. Please include the outcome of the claim and upload any supporting documents later of the Documents page.

Errors and omissions insurance claim

Please provide the details of any errors and omissions claim related to the insurance business of a licensed firm, a Restricted Insurance Representative or any of its employees. Please include the outcome of the claim and upload any supporting documents.

Details *

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

- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Errors and Omissions – Change in provider

- Please use the text box to provide the details of a change in errors and omissions insurance provider, including the previous provider, the new provider and the reason for change. Please upload a copy of the new errors and omissions insurance policy later on the Documents page.

Change in errors and omissions insurance provider

Please provide the details of a change in errors and omissions insurance provider, including the previous provider, the new provider and the reason for change. Please upload a copy of the new errors and omissions insurance policy.

Details *

Next

Close

- Select *Next*, to proceed to the Documents page where you can upload supporting documents including a copy of the new errors and omissions insurance policy.

Errors and Omissions – Lapse

- Please use the text box to provide the details of a lapse in errors and omissions insurance coverage including the expiration date and an explanation as to why it was not renewed on time.

Lapse in errors and omissions insurance coverage

Please provide the details of a lapse in errors and omissions insurance coverage including the expiration date and an explanation as to why it was not renewed on time. Please upload a copy of your current errors and omissions insurance policy.

Details *

Next

Close

- Select *Next*, to proceed to the Documents page where you can upload supporting documents including a copy of your current errors and omissions insurance policy.

Change in Designated Representative

- Fill in the required details of a change in Designated Representative on the form provided.

Change in Designated Representative

Please provide the details of a change in Designated Representative. Include details about the reasons for the change (e.g., retirement, termination) and provide the information of a new candidate who meets the requirements of the Designated Representative within 20 days of the change.

Name *

Position within organization

Address *

Address line 2

City *

Country *

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. *

- Use the checkbox to confirm that the new Designated Representative listed meets the criteria as outlined in [Rule INS-001 Insurance Intermediaries Licensing and Obligations](#).
- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Change of Trust Account

- Please provide the details of a change in trust account of the licensed firm or Restricted Insurance Representative, including the previous account details, the new account details and the reason for change.
- To add a new trust account, select *Add*.
 - In the pop-up window, include the financial institution, account number, address, contact information and branches of the new trust account. Select *Submit*.
- To edit or remove a trust account, find the trust account in the list provided, select the down arrow to the right of that name and select *Edit/Delete*.
 - In the pop-up window, select the desired action, update information as required, and select *Submit*.

Change in trust account

Please provide the details of a change in trust account of the licensed firm or Restricted Insurance Representative, including the previous account details, the new account details and the reason for change.

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.

Create Update Delete	Licence Number ↑	Financial Institution	Address	City	
Create	3245434543	* Other	7 Logan Drive	Quispamsis	<input type="button" value="Add"/> <input type="button" value="Edit / Delete"/>

- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Change in Proceedings and Judgements

- Please respond to the four questions regarding 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 select *Add*.
 - In the pop-up window, provide the required details and select *Submit*. You may upload additional supporting documents later on the Documents page.
- To edit or remove a proceeding or judgement, find it in the list provided, select the down arrow to the right of that proceeding or judgement and select *Edit/Delete*.
 - In the pop-up window, select the desired action, update information as required, and select *Submit*.

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

Action	Pending Proceeding Type	Nature	Summary	Jurisdiction	Status	
Create	Criminal Charges	Theft	test	Nunavut	Commenced/pending	<input type="button" value="Add"/> <input type="button" value="Edit / Delete"/>

- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Other

- Please use the text box to provide the details of any change in circumstance relating to the business of the licensed firm or Restricted Insurance Representative.

Other

Please provide the details of any change in circumstance relating to the business of the licensed firm or Restricted Insurance Representative.

Details ▾

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

- Select *Next*, to proceed to the Documents page where you can upload supporting documents.

Documents

- Please upload any documents to that support the change you are reporting.

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.

Additional documents

[Browse...](#)

[Upload](#)

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

- Select *Next* to complete your submission.

Confirmation

- Your submission is complete.

File a Duty to Report

Your application has been submitted successfully.

- To make another submission, select *My Licensed Firm and Restricted Insurance Representative* from the top menu bar and follow the steps for the type of change you wish to make.

What happens after I submit Duty to Report?

To monitor the status of your submissions, select the *My Licensed Firm and Restricted Insurance Representative* link in the top menu.

Find the licence for which you're making a submission from the list below and select *Manage*.

On the *My Licensed Firm and Restricted Insurance Representative Actions* page, scroll down to the Duty to report section. Here you will see a list of submissions and their status. Use the page numbers below to search through all your submissions.

Duty to Report

Type of change - Insurance	Date the change took effect	Status Reason ↑	
Change of trust account	14/2/2024	Draft	▼
Other	15/2/2024	Draft	▼
Change in proceedings and judgments	21/2/2024	Draft	▼
Change in branch location	15/2/2024	Submitted	▼

< 1 2 3 4 5 >

Edit

To edit a draft submission, select the down arrow to the right of a submission.

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

- If your submission was properly completed and raises no issues, you will receive an email advising that your submission is reviewed.
- If your submission requires additional information, you will be contacted by a licensing officer.

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

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