

# Duty to Report Submission

Individual Insurance Licence

April 2024

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 agent, adjuster, and other individual insurance licensees to file a Duty to Report submission. This guide can be used only for active agent, adjuster, and other individual insurance licences.

Before beginning the 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 *Insurance Licences* link in the top menu.
- Find the licence for which you're making a submission from the list below and select *Manage*.

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 ↑	Licence Number	Licence Type	Status	Fee	Approved Start Date	Approved Expiry Date	Reason For Application
240000855	240000855	Level 2 General Insurance Agent	Approved by FCNB	Paid	22/3/2024	15/12/2024	New Licence Application

Manage

- This will take you to the *Insurance Licence 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.

## Bankruptcy or Consumer Proposal

- Please use the fields to provide the details of any bankruptcy or consumer proposal filings made by the licensee, including the date and reason for filing.

### Bankruptcy or Consumer Proposal

Please provide the details of any bankruptcy or consumer proposal filings made by the licensee, including the date and reason for filing.

Please provide a detailed description of the circumstances (including dates) leading to bankruptcy or proposal.

Filing Date (DD/MM/YYYY) 22/3/2024 Discharge Date (DD/MM/YYYY) 22/3/2024

Name of Trustee in Bankruptcy  
If the bankruptcy was in the last three years, please provide.

Address

Address line 2

City

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

## Change in Trust Account

- Please provide the details of a change in trust account, 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 trust institution, address and contact information 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* or *Remove*.
  - In the *Edit* pop-up window, update information as required, and select *Submit*.

Change in trust account

Please provide the details of a change in trust account, 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.

Action	Trust Institution	Telephone
Create	test	506-555-5555

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

### Civil Actions or Decisions

- Please use the text box to provide the details of any civil actions or decisions against the licensee in relation to any of the following:
  - financial activities
  - fraud
  - breach of trust
- Please include a description of the complaint, the parties involved, the date it was filed, and the outcome.

Civil Actions or Decisions

Please provide the details of any civil actions or decisions against the licensee in relation to any of the following:

- financial activities
- fraud
- breach of trust

Please include a description of the complaint, the parties involved, the date it was filed, and the outcome. Please upload any supporting documents.

Details \*

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

### Criminal Charges or Convictions

- Please use the text box to provide the details of any criminal charges or convictions against the licensee involving any of the following:
  - theft

- fraud
- forgery
- breach of trust
- misrepresentation
- perjury
- furnishing of false information
- carrying on any regulated business or career while not licensed
- crimes of violence or moral turpitude.
- Please include a description of the situation that led to the charge or conviction, including what happened, who was involved, when and where the situation took place, what charges were made and whether there was a conviction.

#### Criminal Charges or Convictions

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- crimes of violence or moral turpitude.

Please include a description of the situation that led to the charge or conviction, including what happened, who was involved, when and where the situation took place, what charges were made and whether there was a conviction. Please upload any supporting documents.

Details \*

Previous Next Close

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

#### Errors and Omissions – Change in Insurance 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 – Claims

- Please use the text box to provide the details of any errors and omissions claim against the licensee including a description of the claim, the claimant and the date of the claim. 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 against the licensee, including a description of the claim, the claimant and the date of the claim. Please include the outcome of the claim and upload any supporting documents.

Details ▲

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

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

## 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.

## Investigation, Disciplinary Action or Decision

- Please use the text box to provide the details of any investigation, disciplinary action or decision, by a regulatory or professional body, regarding the licensee.
  - 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 licensee.

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 \*

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

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

## Other Employment or Business Activity

- Please provide the details of any other employment or business activity of the licensee, including volunteer and unpaid roles (e.g., serving on a board of directors).
  - Select *Add* to provide the details of the employer or organization, the industry, and your position or involvement with the organization.
  - Select the checkbox if you intend to devote all your time to your licensed business.

### Other Business Activity

Please provide the details of any other employment or business activity of the licensee, including volunteer and unpaid roles (e.g., serving on a board of directors).

Please include the name of employer or organization, the industry, and your position or involvement with the organization.

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

[Add](#)

Action	Legal Name ↑	Sector	City
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There are no records to display.

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

- 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 licensee.



## 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.

## Change in Supervisor

- Please use the fields to provide the details of a change in supervisor including their contact information.

### Change in supervisor

Please provide the details of a change in supervisor including their contact information

Supervisor Name \*

Email address \*

Phone \*

Previous

Next

Close

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

## Change to Employer, Agency, Managing General Agent or Adjusting Firm

- Please use the drop down menu to select the type of change you'd like to make.
  - Select "Add an agency...", if you are adding an additional agency, managing general agent or adjusting firm that you will be representing in New Brunswick.
  - Select "Change my employer...", if you are changing your primary employer or no longer represent a particular agency or adjusting firm in New Brunswick.
- **NOTE:** Email [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) if you are removing a managing general agent that you represent in New Brunswick.

## Change to employer, agency, managing general agent or adjusting firm.

Please select the type of change using the drop-down menu below.

- Choose "Add an agency, MGA, or adjusting firm that you represent in NB" if you are adding an additional agency, managing general agent or adjusting firm that you will be representing in New Brunswick.
- Choose "Change my employer or remove an agency or adjusting firm that I represent in NB, if you are changing your primary employer or no longer represent a particular agency or adjusting firm in New Brunswick.

Please email [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) if you are removing a managing general agent that you represent in New Brunswick.

Type of change \*

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

- Select *Next* to provide the details of the change you have selected.
  - If you selected "Add an agency, MGA, or adjusting firm", select *Add*, and use the search bar to select the new agency, managing general agent or adjusting firms you intend to represent in New Brunswick.

### Add an agency, MGA, or adjusting firm

Please select **Add** to provide the details of any new agency, managing general agent or adjusting firms you intend to represent in New Brunswick.

**If this update will require a change in your sponsoring insurer, a new licence application must be submitted.**

Please email [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) if you have any questions.

[Add](#)

Action ↑	Name	Address	City
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There are no records to display.

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

- **NOTE:** If this update requires a change in your sponsoring insurer, a new licence application must be submitted.
  - Select *Next* to proceed to the Documents page where you can upload supporting documents.
- If you selected "Change my employer...", you must submit a new licence application if you are changing the only agency or adjusting firm (employer) listed on your licence.

### Change my employer or remove an agency or adjusting firm that I represent in NB

Where you are changing the only agency or adjusting firm (employer) listed on your licence, a new licence application is required. Please select the "New Application" link listed below.

Please email [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) if you have any questions.

[Previous](#) [New Application](#) [Close](#)

- Select *New Application* to proceed.

## 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

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- 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 *Insurance Licences* 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?

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To monitor the status of your submissions, select the *Insurance Licences* link in the top menu.

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

On the *Insurance Licence Application 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 in Trust Account	28/2/2024	Submitted	▼
Errors and omissions - Claims	12/3/2024	Submitted	▼
Other	12/3/2024	Submitted	▼

< 1 2 3 4 5 6 7 8 >

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 *Insurance Licence Application Actions* page of the FCNB Portal to verify your submission's status.

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