

**FINANCIAL AND  
CONSUMER SERVICES  
COMMISSION OF  
NEW BRUNSWICK**



**COMMISSION DES SERVICES  
FINANCIERS ET DES SERVICES  
AUX CONSOMMATEURS  
DU NOUVEAU-BRUNSWICK**

# **Restricted Insurance Representative**

**Application Guide**

July 2023

# Summary

---

- The Rule [INS-001 Insurance Intermediaries Licensing and Obligations](#) came 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, must submit a completed application to the Commission 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
  - a funeral provider
  - a mortgage brokerage
  - a sales finance company
  - 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:
  - cargo insurance
  - creditor's critical illness insurance
  - creditor's disability insurance
  - creditor's life insurance
  - creditor's loss-of-employment insurance
  - creditor's vehicle inventory insurance
  - export credit insurance
  - funeral expense insurance
  - guaranteed asset protection insurance
  - mortgage insurance
  - rented vehicle accidental injury or death insurance
  - rented vehicle contents insurance
  - rented vehicle liability insurance
  - replacement cost insurance
  - travel insurance
- A Designated Representative for the business will need to create a profile in the Commission's [Portal](#) prior to submitting the Restricted Insurance Representative licence application. Please refer to the [Portal Basics User Guide](#) 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:
  - 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;
  - the address of the head office and any branches of the business;
  - 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;
  - 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 [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.

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.

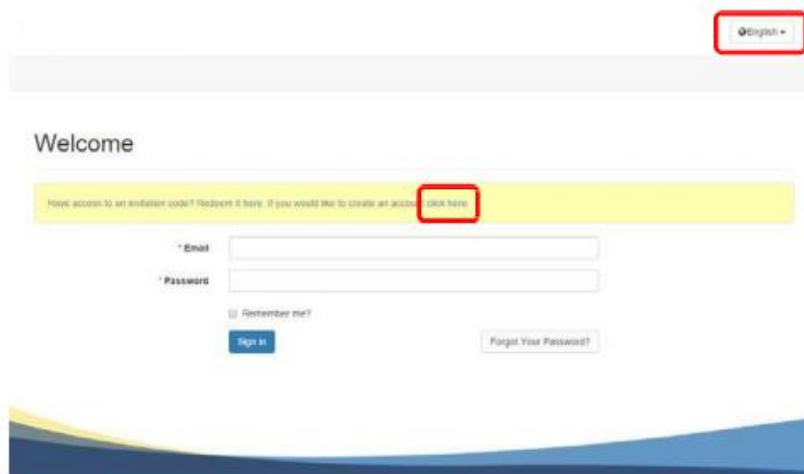
# Create a portal account

---

## The home page

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

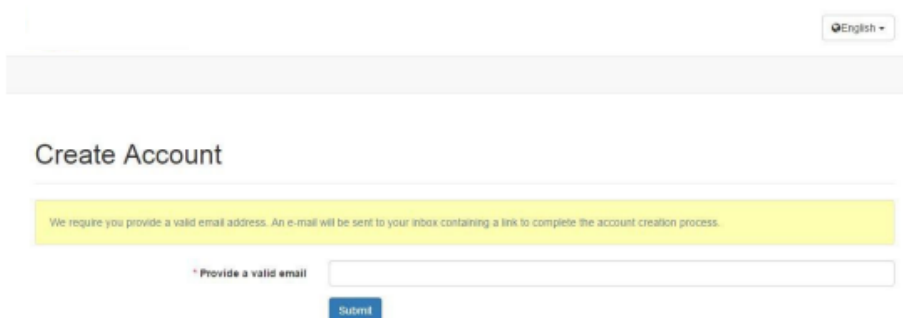
- Change the language of the page by toggling the button in the upper right hand corner
- Create an account, if you don't have one, by clicking the '[click here](#)' link
- Sign in to the system (once you have created an account)



The screenshot shows the top of the portal home page. In the upper right corner, there is a language toggle button labeled "English" with a dropdown arrow, highlighted by a red box. Below this is a "Welcome" section. A yellow banner contains the text: "Have access to an invitation code? Redempt it here. If you would like to create an account, [click here](#)." The "click here" link is highlighted by a red box. Below the banner is a sign-in form with fields for "Email" and "Password", a "Remember me?" checkbox, a "Sign In" button, and a "Forgot Your Password?" link.

## 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.



The screenshot shows the "Create Account" page. In the upper right corner, there is a language toggle button labeled "English" with a dropdown arrow. Below this is a "Create Account" section. A yellow banner contains the text: "We require you provide a valid email address. An e-mail will be sent to your inbox containing a link to complete the account creation process." Below the banner is a form with a label "Provide a valid email" and an input field. A "Submit" button is located below the input field.

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.

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 English

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 personal information as set out below. **Please provide your contact information (home address, personal phone,).** Please also select the type(s) of account(s) you wish to create.

### Your Information

Title

First name \*  Second Name/Initial

Last name \*  Date of Birth (DD/MM/YYYY)

### 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 \*

## 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 Broker Associate
- 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 \*

[If you do not have a CIPR number click here](#)

Historic Licence Number

Organization Name

I agree to the portal terms of use. \*

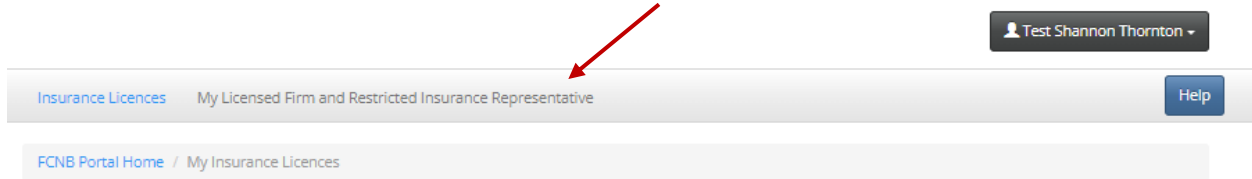
Please review the portal terms of use by clicking on the 'I agree to the portal terms of use' text and check the check box.

I agree to the portal terms of use. \*

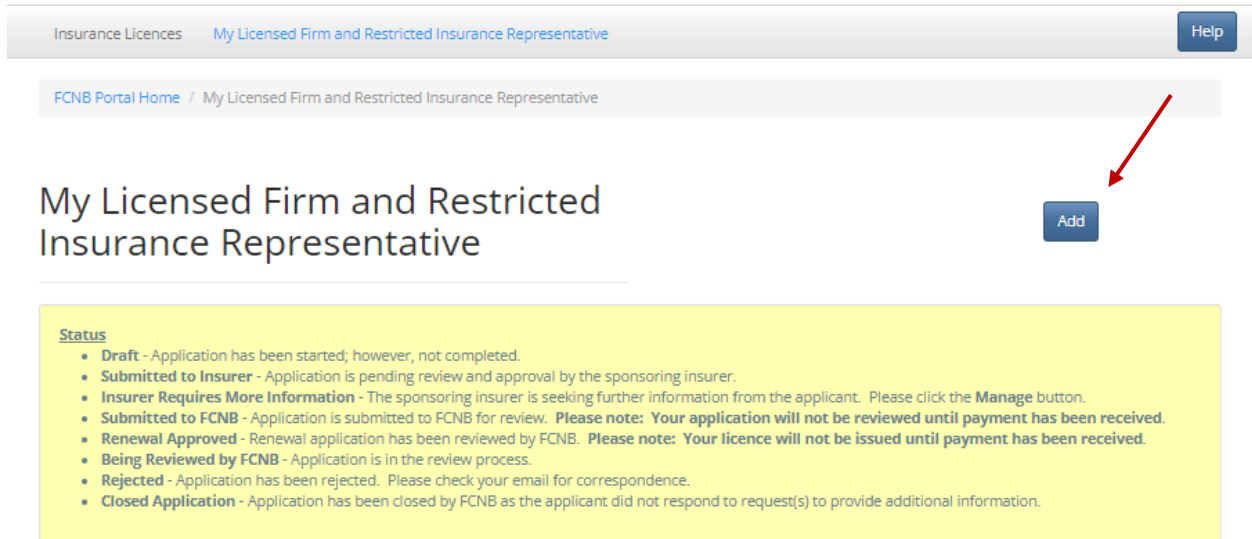
Then click Update.

# Start an application

After logging in, select the ‘My Licensed Firm and Restricted Insurance Representative’ link in the top menu:



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



Transaction ID ↑	License Number	Type of licence	Status	Fee	Approved Start Date	Approved Expiry Date	Reason For Application
------------------	----------------	-----------------	--------	-----	---------------------	----------------------	------------------------

There are no items to display.

- Select the type of licence and insurance business type.

## Licence type

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

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

Type of Licence \*

Insurance Business Type \*

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

Submit

Close

- 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.
- 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 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 [support@fcnb.ca](mailto:support@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.



## 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. \*

- Select *Submit* to proceed to the *Applications Details* page.

*Continued on following page.*

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

6%

### Applicant Details

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

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

Legal Name \*

Registered business names

Registered business name ↑

There are no records to display.

Business address

Address \*

Address line 2

City \*

Country \*

Telephone \*

 Create

Registered business name

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

12%

## Branch Locations

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

Add

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

Previous Next Close

Add

### Branch location

Date branch opened \*  
23/12/2022

Description

Address \*

Address line 2

City \*

Country \*

- Select *Next* to proceed to the *Classes of Insurance* page.
- Select the class(es) of insurance that will be offered under your Restricted Insurance Representative. Select all that apply.

## 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 loss-of-employment insurance
- Creditor's vehicle inventory insurance
- Export credit insurance
- Funeral expense insurance
- Guaranteed asset protection insurance
- Mortgage insurance
- Rented vehicle accidental injury or death insurance
- Rented vehicle contents insurance
- Rented vehicle liability insurance
- Replacement cost insurance
- Travel insurance

Previous

Next

Close

- Select *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.

## 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.

- 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.

I am aware of an employee who has had an insurance licence refused, revoked or suspended.

Please provide details including the individual(s), type of licensing, applicable dates and an explanation of the circumstances. \*

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

21%

## Partners, Directors and Officers

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

After adding all partners, directors and officers, please select "Download Disclosure Form(s)" to download a form for each individual listed. These forms must be completed and uploaded along with a criminal record check\* at a later step of this application process.

**\*FCNB is not currently requesting a director, officer or partner disclosure form or a criminal record check from applicants who are regulated by the federal Office of the Superintendent of Financial Institutions (OSFI) or already licensed or registered with FCNB. However, we reserve the right to request this information.**

Add

Last name ↑

First name

Position held

There are no records to display.

Download Disclosure Form(s)

I confirm our company is regulated by OSFI or currently licensed or registered with FCNB.

**Create**

Partner, director or officer

First Name \*

Last Name \*

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

Position Held \*

Contact Information

Address \*

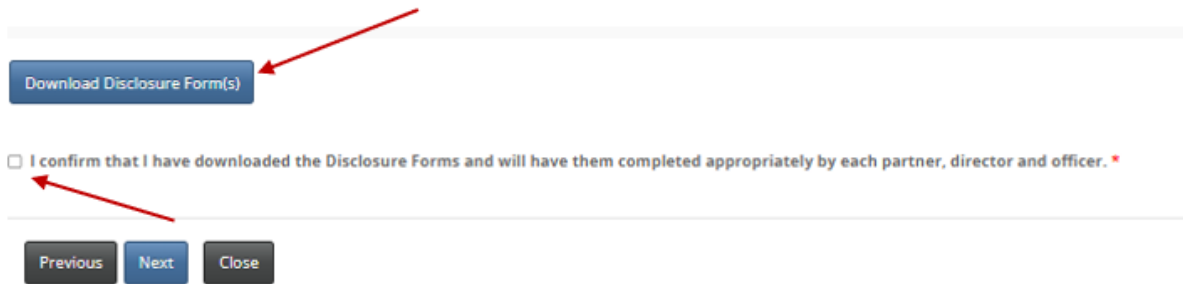
Address Line 2

City \*

Country \*

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.
- Please note: The Commission is not currently requesting a director, officer or partner disclosure form or a criminal record check from applicants who are regulated by the federal Office of the Superintendent of Financial Institutions (OSFI) or already licensed or registered with the Commission. However, we reserve the right to request this information.
- Select *Download Disclosure Form(s)*



The screenshot shows a web interface with a blue button labeled "Download Disclosure Form(s)". Below it is a checkbox with the text "I confirm that I have downloaded the Disclosure Forms and will have them completed appropriately by each partner, director and officer." followed by a red asterisk. At the bottom are three buttons: "Previous", "Next", and "Close". Two red arrows point to the "Download Disclosure Form(s)" button and the checkbox.

- Select *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 selecting on the search icon.
- If your sponsoring insurer is not in the dropdown list, ask the insurance company to contact the Commission at [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) for more information.

## Sponsoring Insurer

All Agencies, Managing General Agents and Restricted Insurance Representatives are required to be appointed (sponsored) by an insurance company licensed to do business in New Brunswick. Please choose your sponsoring insurance company from the dropdown list below.

If your sponsoring insurer is not on the list, ask the insurance company to contact FCNB at [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) for more information.

**Please note:** Upon completion of your application, the system will notify your insurer that you have requested sponsorship. Your insurer will then be able to use the FCNB Portal to access the information submitted, including any uploaded documents, to enable their sponsorship approval review.

Your application must be approved by the sponsoring insurer before it is reviewed by FCNB.

Sponsoring Insurer \*



An Agency and a Managing General Agent must have an agency contract with at least one insurance company licensed to carry on business in New Brunswick. Please list all insurers the firm has a contract with to do business in New Brunswick.

Previous

Next

Close

- Select *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). Select *Add* to add a trust account.
- Note: Restricted Insurance Representatives from deposit-taking institutions or who are subject to the *Insurance Companies Act, SC 1991, c. 47*, are **not required to hold a trust account**. Please refer to [Blanket Order INS-2023-01](#) for more information.

## Trust account details

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

Note: Restricted Insurance Representatives from deposit-taking institutions or who are subject to the *Insurance Companies Act, SC 1991, c. 47*, are **not required to hold a trust account**. Please refer to [Blanket Order INS-2023-01](#) for more information.

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.

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

Previous

Next

Close

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

Create
×

### Add a Trust Account

**Financial institution \***

**Account number \***

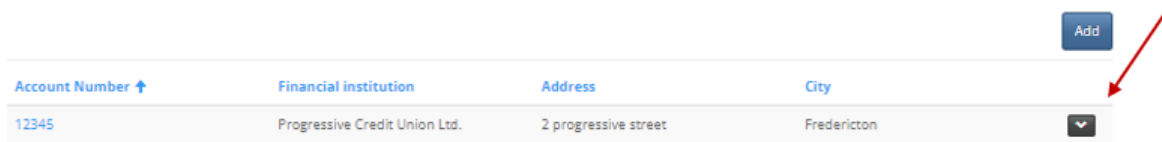
**Address \***

**Address line 2**

**City \***

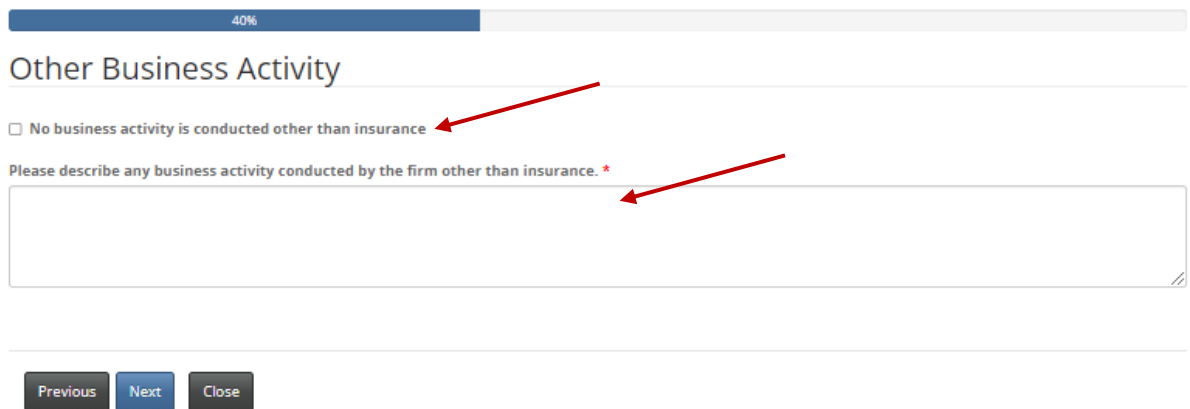


- To edit or delete a trust account entry from the list, select on the small dropdown arrow button for the appropriate entry and then choose *Edit* or *Delete*.



Account Number ↑	Financial institution	Address	City	
12345	Progressive Credit Union Ltd.	2 progressive street	Fredericton	▼

- Select *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. \*

Previous Next Close

- Select *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 [Rule INS-001 Insurance Intermediaries Licensing and Obligations](#).

46%

## Designated Representative

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

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

**Name \***

**Position within organization**

**Address \***

**Address line 2**

**City \***

**Province / State \***

**Country \***

**Postal Code / ZIP \***

**Telephone \***

**Email \***

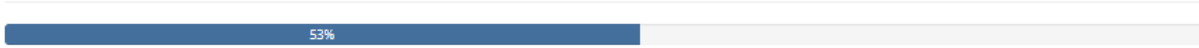
**Number of years in the industry \***

**New Brunswick Insurance licence number**

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

- Select *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.

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.

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

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

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

Previous Next Close

- If the home jurisdiction does not require an insurance licence for 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 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 this is first time applying for a licence, please select “The firm has never held an insurance licence in any jurisdiction”.

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

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

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

Add

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

There are no records to display.

Add ×

### Regulatory and licensing details

**Jurisdiction \***

**Home jurisdiction \***

No  Yes

**Licence type \***

**Licence issued month \***

**Licence issued year \***

**Expiry month \***

**Expiry year \***

- Select *Next* to proceed to the *Proceedings and Judgments* will appear.
- In this section, tell us about:

- any criminal conviction(s)
- whether a court has ever found the firm liable for misrepresentation or fraud
- if any legal proceedings are pending against the firm or if you have been advised that a legal proceeding will be commenced against you
- if you have any outstanding judgment(s)
- If Yes is selected to any of the above, a text box will be prompted for the required additional details.

60%

## Proceedings and Judgments

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

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

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

No  Yes

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

No  Yes

Are there any legal proceedings pending against the firm?

No  Yes

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

No  Yes

Previous

Next

Close

- Select *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 [Companies' Creditors Arrangement Act](#). Any Yes answers will prompt a text box for additional details.

66%

## Bankruptcy

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

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

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

No  Yes

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

No  Yes

Previous

Next

Close

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

73%

## Errors and Omissions Insurance Coverage

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

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

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

80%

## Documents

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

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

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

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

Errors and Omissions Insurance coverage \*

Please upload additional documents, if any.

- Select *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

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

93%

## Validation and Confirmation

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

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

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

Previous

Next

Close

- Select *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 filing is set out below. You have the option to pay online or send or deliver payment separately. Select the manner in which you wish to pay and then click 'Submit'.

Please note:

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

### Fee Summary Test Shannon Thornton - Agency

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

Fee details:

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

Payment Method:

Pay online using Visa, MC or Amex (DEV)

I will send or deliver payment to FCNB separately

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

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

## Fees and Payment

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

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

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

### Fee Summary Test Shannon Thornton - Agency

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

Fee details:

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

[Download Statement](#)

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



- Select *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 the Commission” 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 the Commission, it will be reviewed by Commission 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 Licensed Firm and Restricted Insurance Representative* page of the Portal to verify your application’s status.

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