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Email: insurance.licensing@fcnb.ca
Phone: 866-933-2222

All questions must be answered.

A separate form is required for each agent / broker.

TERMINATION OF AGENCY (SPONSORSHIP) OF INSURANCE AGENT/BROKER

Under subsection 352(6) of the New Brunswick *Insurance Act*, if and when an insurer terminates the agency (sponsorship) of an agent/broker, the insurer must forthwith give written notice and reasons for the termination to the Superintendent of Insurance.

Name of Agent/Broker:	Licence Number:	Termination Date:
Contact Person:	Phone Number:	Email:
<p>Type of Licence:</p> <p> <input type="checkbox"/> Life Agent <input type="checkbox"/> Life, Accident & Sickness Agent <input type="checkbox"/> Accident & Sickness Agent <input type="checkbox"/> Other-than-life Agent <input type="checkbox"/> Other-than-life Broker <input type="checkbox"/> Travel Insurance Agent </p>		

Reason for Termination

Coercion	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Misappropriation of Client Funds	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Conflict of Interest	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Misrepresentation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Forgery	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Money Laundering	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Fraud	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Poor Product – Client Suitability	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lack of Competence	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Untrustworthiness	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Licensing Violation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Other _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Please provide specific details regarding the termination including whether or not there were any issues or concerns pertaining to the termination.

Official or Representative Capacity:	Name of Sponsoring Insurer:	
Authorized Signature:	Date:	
Print Name:	Phone number:	Email:

Under subsection 352(7) of the *Insurance Act*, "an insurer who fails to notify the Superintendent within thirty days of the termination of an agency appointment as required by subsection (6) is guilty of an offence".

If you have any further information to add after submitting this form, please contact us.

NOTICE - COLLECTION AND USE OF PERSONAL INFORMATION

The personal information submitted in this form is collected by the Superintendent of Insurance (the "Superintendent") on behalf of the Financial and Consumer Services Commission (the "Commission") under the authority granted under the *Insurance Act*, and the *Financial and Consumer Services Commission Act* (collectively the "Acts") for the purpose of the administration and enforcement of financial and consumer services legislation, as that term is defined in the *Financial and Consumer Services Commission Act*.

This information is submitted in confidence and will be securely maintained by the Commission. It will not be disseminated to third parties or the public, other than as may be required by the *Right to Information and Protection of Privacy Act* or as otherwise permitted by applicable law. The Commission may take steps to verify the information contained in this form, or may share the information contained in this form with regulating authorities and law enforcement agencies in other jurisdictions, and such information may be used in determining the individual's status in other jurisdictions where they are licensed or are applying for license.

If you have any questions regarding the Commission's collection of personal information please contact the General Counsel Privacy Designate with the Financial and Consumer Services Commission, by mail at 85 Charlotte Street, Saint John, NB E2L 2J2 or by telephone at 1-866-933-2222.