



GUIDELINE

Automobile Insurance Non-standard Forms & Endorsements Filings

Introduction

All Insurers that are licensed to write automobile insurance in New Brunswick are required to have automobile insurance forms approved by the Superintendent of Insurance, in accordance with subsection 226(1) of the *Insurance Act*.

The Superintendent has approved standard forms and Insurers may use these approved forms automatically. All standard preapproved automobile insurance forms are available through InformCo (<http://www.iaccessifc.ca/>). Any endorsement form to the N.B.P.F. No. 1 New Brunswick Automobile (Owner's) Policy that is not a standard form must be filed and approved by the Superintendent in accordance with subsection 226(1) of the *Act*.

This Guideline describes the procedure for Insurers requesting approval for non-standard automobile insurance forms and endorsements.

Procedure for Form and Endorsement Filings

1. Insurers must submit a form/endorsement filing where:
 - a. The form is not a standard preapproved form for use in New Brunswick; or
 - b. Changes are being proposed to a non-standard form already approved by the Superintendent of Insurance.
2. Insurers filing non-standard automobile insurance forms/endorsements for approval with the Superintendent of Insurance must complete Appendix A: Summary of Information for every form filing. Appendix A is a summary of information with respect to the filing and identifies changes to forms (if any). In the event of multiple forms being filed for approval, please submit a separate Appendix A: Summary of Information for each form.
3. Insurers filing non-standard automobile insurance forms/endorsements for approval with the Superintendent of Insurance must also complete Appendix B: Insurer Representative Contact Information for every form filing. Appendix B must provide the Commission with up-to-date

contact information of an official with the Insurer who has knowledge of the company's use of the form, has the authority to bind the company, and will serve as the main contact for any changes required to the form/endorsement.

4. Additional documentation that must be submitted by Insurers includes:
 - a. A copy of the current form/endorsement (if applicable); and
 - b. A copy of the proposed form/endorsement as it would be presented to an insured.
5. Each proposed non-standard form/endorsement must:
 - a. Have a title
 - i. "S.E.F.", "N.B.E.F." and "A.S.E.F." cannot be used in the title;
 - ii. we discourage the use of numbers in the title; and
 - iii. where a proposal is an endorsement, the word "endorsement" must be contained in the title.
 - b. Clearly describe the coverage that is being provided or amended from the standard policy form or standard approved endorsement form; and
 - c. Clearly set out any exclusions.
6. Pursuant to the *Insurance Act*, all forms/endorsements must be available for consumers in both English and French and the Superintendent typically does not give formal approval of a form/endorsement without reviewing it in both official languages. It is up to the Insurer at what point during the review they wish to supply a copy of the form/endorsement in both French and English. Often Insurers will submit forms/endorsements in their language of choice, either French or English. When asked, legal counsel typically advise Insurers that it is best to allow us the opportunity to finalize approval or rejection of the form/endorsement in their language of choice (French or English) before having the form/endorsement translated, as this avoids the Insurer having to send the document for translation more than once. As well, it also saves the Insurer the extra step of translation in the event we do not approve the form/endorsement. As part of your filing, please advise Legal Counsel how you wish to proceed with respect to this requirement.
7. All rates must be approved by the New Brunswick Rate Board and the process of having rates approved is separate from the process of having the form/endorsement approved by the Superintendent of Insurance.
8. Filings can be submitted by email, fax or regular mail at:

Financial and Consumer Services Commission
Insurance Division c/o Legal Counsel
225 King St, Suite 200
Fredericton, NB E3B 1E1
Fax : 506 453-7435
Email: info@fcnb.ca
(Attention: Ben Wolthers and Sarah Butler)



Appendix A: Summary of Information

Company Name: _____

Current Title of Form (if applicable): _____

Proposed Title of Form: _____

1. Type of Form:

Application or Declaration of Discount	<input type="checkbox"/>
Certificate of Automobile Insurance	<input type="checkbox"/>
Endorsement	<input type="checkbox"/>
Optional Benefit	<input type="checkbox"/>
Policy	<input type="checkbox"/>
Renewal Questionnaire	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

2. For each of the following categories of automobile insurance, indicate whether the proposed form will be used:

Personal Vehicles – Private Passenger Automobiles	<input type="checkbox"/>
Personal Vehicles – Motorcycles	<input type="checkbox"/>

Personal Vehicles – Motor Homes	<input type="checkbox"/>
Personal Vehicles – Trailers and Camper Units	<input type="checkbox"/>
Personal Vehicles – Off-Road Vehicles	<input type="checkbox"/>
Personal Vehicles – Motorized Snow Vehicles	<input type="checkbox"/>
Personal Vehicles – Historic Vehicles	<input type="checkbox"/>
Commercial Vehicles	<input type="checkbox"/>
Commercial Vehicles - Fleet	<input type="checkbox"/>
Garage Policy (N.B.P.F No 4)	<input type="checkbox"/>
Public Vehicles – Limousines and Taxis	<input type="checkbox"/>
Public Vehicles – Other	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

3. Is this a new form? Yes or No

If no, please provide the title of the form that is being revised and the date that it was approved for use in New Brunswick.

Form Title: _____

Date of Approval: _____

4. If this is a new form, what is the purpose or intent of this form? How will it be used?

5. Does this form add coverage? **Yes** or **No**

If yes, describe what coverage(s) are being added.

6. Does this form delete coverage? **Yes** or **No**

If yes, describe what coverage(s) are being deleted.

7. If this is a revised form, describe the changes being made.

8. Is a rate or premium applicable to this form? **Yes** or **No**

If there is a rate or premium, please indicate what it is: _____

9. Effective dates:

New Business: _____

Renewal Business: _____

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Appendix B: Insurer Representative Contact Information

Name: _____

Title: _____

Name of Company: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____