

# Individual Insurance Licence Application Guide

June 2023

FINANCIAL AND  
CONSUMER SERVICES  
COMMISSION



COMMISSION DES SERVICES  
FINANCIERS ET DES SERVICES  
AUX CONSOMMATEURS

# Introduction

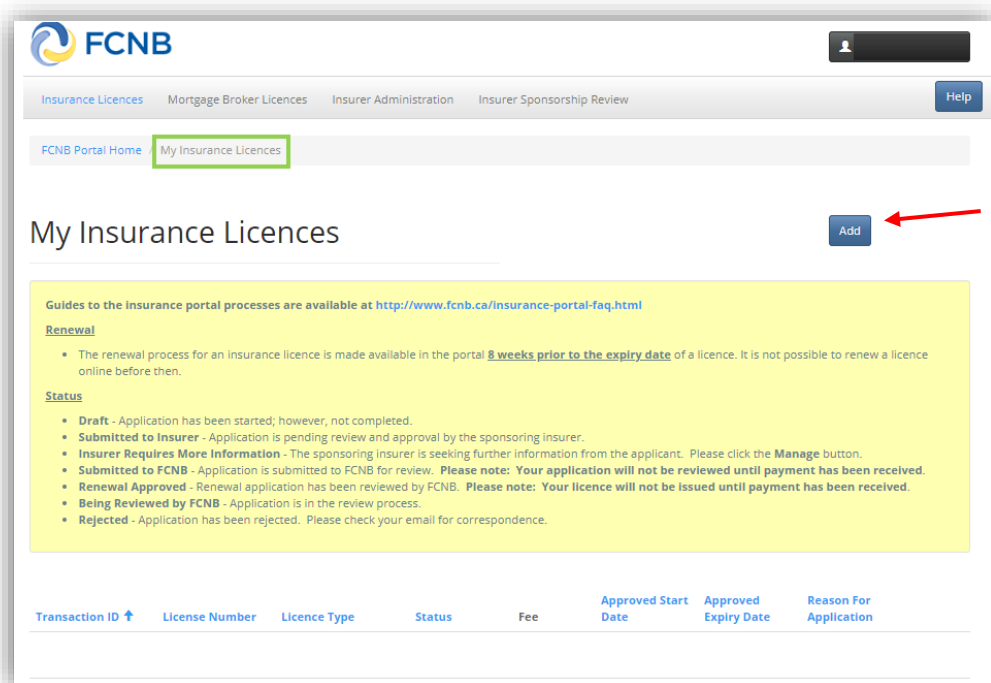
This is a guide for agent, adjuster, and other individual licence applicants to complete a licence application in the [FCNB portal](#). This guide can be used for a new licence application or to upgrade to a new licence category, it cannot be used for a licence renewal.

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.

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.

## How to complete a new licence application in the FCNB portal

- Login to your [FCNB Self-Serve Portal](#) account
- Select the *Insurance Licences* link in the top menu and the *My Insurance Licences* page will be displayed.
- To start an application, select the *Add* button. This will start the application process.



- Select a type of licence you wish to apply for.

## Introduction and selection of licence type

To begin, please confirm the type of individual insurance licence application you are requesting from the dropdown menu below. Once you have clicked the 'Next' button, you will be unable to make changes to these selections.

Your application will be automatically saved as a draft once you have completed the first screen and will be re-saved as you progress further. You are free to leave the process anytime and return later to continue completing your application.

Once you have completed these questions, you will be asked to either pay online or send in payment later. Your application will not be processed until the licensing fee is received.

An FAQ section is available [here](#).

Select the type of licence \*



Level 1 General Insurance Agent  
Level 2 General Insurance Agent  
Level 3 General Insurance Agent  
Accident & Sickness Insurance Agent  
Level 1 Assistant Adjuster  
Level 2 Adjuster  
Level 3 Senior Adjuster  
Life Agent  
Special Insurance Broker  
Travel Insurance Agent

- 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 Insurance Licences* 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.

- Select *Submit* to proceed to the *Agency, managing general agent or adjusting firm details* page

## Agency, managing general agent or adjusting firm details

Enter the information for the agency, managing general agent, or adjusting firm that you represent. If you represent multiple organizations, please add them all.

If you are an **agent or adjuster** that works directly for your sponsoring insurer, check the box below.

If you are an **adjuster** enter your employer company information here. This can be an adjusting firm, an insurer licensed to do business in New Brunswick or another company with which you are employed or own. If you are self-employed, please indicate that you do not work for a corporation or firm.

☐ I am employed directly with the insurer

☐ I do not intend to conduct business as a licensee through or on behalf of an agency, brokerage, firm or corporation.

Add

Name

Address

City

There are no records to display

☐ My Agency / Licensed Firm is not yet registered

Please list out all Agencies and Firms you are associated with

Next

Close

- Enter the details of any Agency, Managing General Agent, or Adjusting Firm that you represent.
- If you are employed directly by the sponsoring insurer, check the boxes that state “I am employed directly...” and “I do not intend to conduct business ...”
- If you are working as an independent agent, check the box that states “I do not intend to conduct business ...”
- If you work for an Agency, Managing General Agent or Adjusting Firm, select the *Add* button, you can add or delete agencies or firms as required.
- Select *Submit* when you have entered the required details.
- If you have added an Agency, Managing General Agent or Adjusting Firm in error, or the address is incorrect, select the dropdown arrow on the right and then select *Delete*.

Name (Brokerage / firm)	Country	City
example brokerage	Canada	Fredericton

Delete

- Select *Next* to proceed to the *Sponsoring insurer* page.
- Select your sponsoring insurer from the drop down. If your sponsoring insurer is not in the dropdown list, contact FCNB at [Insurance.Licensing@FCNB.ca](mailto:Insurance.Licensing@FCNB.ca).

## Sponsoring insurer

All agents and brokers are required to be appointed (sponsored) by an insurance company (insurer) licensed to do business in New Brunswick. Please choose your sponsoring insurer from the dropdown list below.

If your insurer is not on the list, please contact the insurance company and ask them to contact FCNB to complete their registration in the portal.

Sponsoring insurer \*

Previous

Next

Close

- Select *Next* to proceed to the *Supervisor details* page.
- A General Insurance Agent Level 1 or Level 2 who has not been licensed for more than 12 months in New Brunswick or in another jurisdiction must include their supervisor's information in the application. Those who have held a licence for more than 12 months in New Brunswick or in another jurisdiction may enter the Designated Representative's information.
- A Level 1 assistant adjuster who has not been licensed for more than 12 months in New Brunswick or in another jurisdiction shall include their supervisor's information in the application. Those who have held a licence for more than 12 months in New Brunswick or in another jurisdiction may enter the designate representative's information.

## Supervisor Details

All level 1 and level 2 general insurance agents must be supervised for 12 months after the licence is issued by an appropriate supervisor

Supervisor Name \*

Email address

Phone

Previous

Next

Close

- Select *Next* to proceed to the *Trust account details* page.
- If you do not receive or hold trust money, please select "I do not receive or hold money in trust..."
- If you or your employer receive or hold trust money and will maintain a trust account(s), you must provide details of the trust account(s). Please select "I do receive money in trust..." and select *Add* to add a trust account.

## Trust account details

If you intend to receive or hold money in trust for an insurer or an insured, you must maintain a trust account. Please select the appropriate option to describe how funds are handled in your position.

Please select one of the following two options

- ☐ do not receive or hold money in trust for an insurer or insured (for example: funds are submitted directly to the insurer by the client)
- ☒ do receive (or my agency/brokerage receives) money in trust for an insurer or insured



Add

Trust Institution ↑

Trust Phone

There are no records to display.

Previous

Next

Close

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

## Trust account details

If you intend to receive or hold money in trust for an insurer or an insured, you must maintain a trust account. Please select the appropriate option to describe how funds are handled in your position.

Please select one of the following two options

- ☐ do not receive or hold money in trust for an insurer or insured (for example: funds are submitted directly to the insurer by the client)
- ☒ do receive (or my agency/brokerage receives) money in trust for an insurer or insured

Add

Trust Institution ↑

Trust Phone

Example Trust

000-000-0000



Edit  
Delete

Previous

Next

Close

- Select *Next* to proceed to the *Employment details* page.
- You will be required to enter your employment details from the past five years including your current employment or offers of employment.
- If you have not been employed in the previous five years, provide a brief description of your activities during this time in the box provided.

## Employment details

Please provide details of your past and present employment for the last 5 years.  
To add an employment history entry, click the [Add] button on the right.  
If you are indebted to a former employer, you must provide particulars.

Add

Employer	Nature of business	Position held	Start ↑	End	Reason for leaving
----------	--------------------	---------------	---------	-----	--------------------

There are no records to display.

If you have any periods of unemployment in the past 5 years, please provide us with a brief description of your activities during this time.

☐ I am not currently indebted to a former employer.

Please provide particulars, including to whom and why an amount is owed, and the amount outstanding. \*

Previous

Next

Close

- Select *Next* to proceed to the *Insurance related work experience* page.
- Please provide details of any previous insurance experience you may have. Do not enter current insurance work experience here. This is only for prior experience. If you do not have any prior insurance related work experience, check that box.

## Insurance related work experience

Please provide details of any prior insurance related work experience. To add experience, click the [Add] button on the right. If you do not have prior insurance related work experience, check the box below and click Next.

☐ I do not have prior insurance related work experience

Add

Jurisdiction	Employer ↑	Nature of experience	Start	End	Reason for leaving
--------------	------------	----------------------	-------	-----	--------------------

There are no records to display.

Previous

Next

Close

- Select *Next* to proceed to the *Regulatory and licensing details* page
- Please provide details of all licences you **currently** hold in all jurisdictions. If the licence has been held consecutively, please use your start date for the “Issued In” date.
- This section should list all prior licences you have held in all jurisdictions, including expired and terminated licences.

## Regulatory and licensing details

Please provide the details of any insurance licence(s) that you currently hold or have held in the past in any jurisdiction, including New Brunswick.

☐ I do not currently hold an insurance licence in another jurisdiction and I have not been previously licensed to conduct insurance business in New Brunswick or elsewhere.

Please provide details of your insurance licensing history in New Brunswick or elsewhere\*

Add

Jurisdiction ↑

Home jurisdiction

Licence Type

Issued In

Expires In

There are no records to display.

- Once all licences are entered, select *Next* to proceed.
- For the remaining checkboxes, if you do not check the box, you must enter the appropriate details in the text box provided.

☐ I have never been refused any kind of professional registration or licensing to deal with the public.

Please provide details of any refusals of any professional registration or licensing to deal with the public, including type of licensing, applicable dates and an explanation of the circumstances. \*

☐ I have never had any type of registration or licensing to deal with the public restricted, suspended, revoked, or cancelled.

Please provide details of any restriction, suspension, revocation or cancellation of registration or licensing to deal with the public including the type of licensing, applicable dates and an explanation of the circumstances. \*

☐ I have not been subject to investigation by and/or discipline from, nor am I aware that I am currently the subject of an investigation, by a regulatory body in either Canada or the United States of America.

Please provide details of any discipline or investigation of which you are aware, including the type of discipline/nature of the investigation, applicable dates and an explanation of the circumstances. \*

☐ I do not currently hold any other professional licence(s) under any other Act of the Province of New Brunswick.

Please provide a brief description of any other professional license(s) you hold under any other Act of the Province of New Brunswick. \*

Previous Next Close

- Select *Next* to proceed to the *Judgments, Criminal Convictions and Bankruptcy* pages.
- This series of suitability questions requires you to either check a box or provide details in a text box. Read the instructions of each of these pages carefully and check the box as appropriate. Complete the following sections:
  - Judgments
  - Criminal convictions



- Bankruptcy or consumer proposal

## Judgments

Please provide us whether a court has ever found you liable for misrepresentation or fraud, if there are any legal proceedings pending against you or if you have been advised that a legal proceeding will be commenced against you and if you have any outstanding judgements. Provide details as to when the judgement(s) was/were issued, who the judgement creditor(s) is/are and the current outstanding amount(s)

☐ I have never been found liable by a court for misrepresentation or fraud

Please provide a detailed description \*

☐ I do not have any legal proceeding pending (excluding family court proceedings)

Please provide a detailed description \*

☐ I have never had a court judgment for an award of money against me that has not been satisfied.

Please provide a detailed description of the circumstances (including dates) leading to the judgment(s). If a payment arrangement is in place, you will be asked to provide a copy (if available) at the end of the process. \*

## Criminal convictions

Please provide us with the details of any criminal convictions.

☐ I have never been convicted under the law of any province, state, or country, for which I have not been pardoned.

Offence(s) \*

Please provide a detailed description of the circumstances (including dates) leading to the conviction(s). \*

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

## Bankruptcy or Consumer Proposal

If you have ever declared bankruptcy or sought a consumer proposal, we require certain details as set out below. If you have never declared bankruptcy or sought a consumer proposal, please check the box below and click Next.

☐ I have never been subject to a proceeding in bankruptcy or entered into a consumer proposal.

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

Filing date (DD/MM/YYYY) \*

4/1/2023



Discharge date (DD/MM/YYYY) \*

4/1/2023



Name of Trustee in Bankruptcy

If the bankruptcy was in the last three years, please provide.

Address

Address line 2

City

Country

Telephone

Extension

Fax

Previous

Next

Close

- Select *Next* to proceed to the *Errors and Omissions insurance* page.
- All insurance applicants must be covered by errors and omission insurance of no less than \$1,000,000 for any one occurrence, and overall policy coverage of at least \$2,000,000.
- This does not apply to an Adjuster or Agent who is a direct employee of an insurer and who works exclusively for that insurer.

## Errors and Omissions Insurance

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

☐ I confirm I have the required Errors and Omissions Insurance coverage.

Have you ever had an errors and omissions claim against you related to business in insurance?

Previous

Next

Close

- Select *Next* to proceed to the *Dismissal* page.
- If you have never been dismissed by an employer, please check the box "I have never been dismissed by an employer."
- If you have, please provide details in the text box provided.
- If you are currently indebted to this employer, please check that box.

## Dismissal

If you have ever been dismissed by an employer, please provide the required particulars. If not, please check the box below and click Next.

☐ I have never been dismissed by an employer.

Please provide a detailed description of the circumstances (including the employer and date) leading to the dismissal. \*

☐ I am currently indebted to this employer

Previous

Next

Close

- Select *Next* to proceed to the *Other business activity or employment* page
- If you do not have any non-insurance related employment, please check the box, "I intend to devote all my time..."
- If you have employment other than your insurance business, select the *Add* button and provide details as required. Do not enter mutual funds or securities registration info here, you will enter this in the next section.

## Other business activity or employment

Please provide us with details of your other business activities if you do not intend to make the activities associated with your licence your only occupation. If you intend to make the activities associated with your licence your only occupation, please check the box below and click Next.

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

Other business activities



Name of business or office ↑	Sector	City
------------------------------	--------	------

There are no records to display.

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

- Select *Next* to proceed to the *Mutual funds and securities* page.
- If you hold a mutual funds or securities registration, please select “I do hold a licence or registration...”. Enter details as required.

## Mutual funds and securities

Please indicate whether you currently hold a licence or registration with respect to the trading of mutual funds and/or securities. If yes, please provide the additional information required.

If you do not currently hold a licence or registration with respect to the trading of mutual funds and/or securities, leave the checkbox unchecked and then click “Next” to proceed.

☐ I do hold a licence or registration with respect to the trading of mutual funds and/or securities.

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

- If you do not hold a mutual funds or securities registration, select *Next* to proceed to the *Educational requirements* page.
- Please review and ensure that you have met the educational requirements of the licence type you have applied for.
- Once you have reviewed the educational requirements, check the box, “I have read and understood the above requirements”.

### Educational requirements

Based on the licence for which you are applying, the available options for meeting the educational requirements are set out below. Please review these carefully and ensure you meet them. If you do, please check the box at the bottom and click Next. Please note that you will be required to upload supporting documentation which establishes that you have met the educational requirements, at the end of this application process.

Educational requirements will be displayed here

☐ I have read and understand the above requirements. \*

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

- Select *Next* to proceed to the *Additional information* page
- You may use this section to provide any additional information you feel is relevant to your application Ex. Reason for a lapse in licence.

### Additional information

If you have any additional information related to your application (that was not addressed in previous steps), please enter the details below.

Additional information

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

- Select *Next* to proceed to the *Documents* page.
- Certain applications may require you to provide a criminal record check, educational documents, proof of insurance, etc. Use the *Browse* button to locate the file on your computer, then select *Upload* to attach the document. All required documents will be marked with (\*).

## 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.

Proof of Education and/or experience / Proof of license in home jurisdiction (Non-NB agent/broker applicants) \*

Errors and Omissions Insurance coverage \*

Please upload additional documents, if any.

- Select *Next* to proceed to the *Validate your application* page.
- Read the instructions and check the three boxes to validate your application.

## Validate your application

You have completed the required data entry for your application for licensing. If you wish to review and/or edit any of your entries, you may use the previous button to navigate back through the previous steps. Once you are satisfied with the data entered, we ask that you confirm the validity of the data entered below.

Please note that before we can process your application, you must also give us permission to share the information submitted with your employer/sponsoring insurer.

After you validate your application, you will be presented with options to pay the fee, including online payment.

After submission, you will receive an email confirming receipt of your application. Please note that once your application is submitted, it cannot be changed.

**Please ensure all your information is correct. If you are missing any information, this will delay the processing of your licence application. Please note that you are not able to conduct any business in insurance in New Brunswick without a valid licence.**

- ☐ 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 employer and/or sponsoring insurer. \*
- ☐ I understand that payment for this licence must be received before it will be issued. \*

- Select *Next* to proceed to the *Fees and payment* page.
- You will have the following options to pay for your application:
  - **Pay online using Visa, Mastercard, Amex or Interac debit** - You will be redirected to a Moneris page after which you will be returned to a Fees and Payment summary
  - **Send or deliver payment to FCNB separately** - You can send 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

200002704-Life, Accident & Sickness Agent

Transaction ID: 200002704

Description:	Fee
Base Fee	\$0.00
Total Fee:	\$0.00

### Payment Method:

-  ☒ Pay online using Visa, MC, Amex or Interac debit card
- ☐ I will send or deliver payment to FCNB separately

[Previous](#)

[Submit](#)

- Applications will not be processed until payment is received, select *Submit* to proceed.
- Note that you can download a fee summary for your records from this page. Please do so if you are paying separately as this document is required in order to process (and must accompany) your payment. You can also access this summary later, from the "Manage" button for the submitted application.

- To download a copy of the fee statement, select *Download Statement*.

## 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

200002704-Life, Accident & Sickness Agent

Transaction ID: 200002704

Description:	Fee
Base Fee	\$0.00
Total Fee:	\$0.00



Download Statement

Previous

Done

- Select *Done* to proceed, this will return you to the *My Insurance Licences* page  
*Continued on following page.*



## What happens after I submit my application?

---

You may view the status of your application by reviewing the *My Insurance Licences* page (refer to the **status** column).

Once your application is submitted it will be reviewed by your sponsoring insurer (an Adjusting Firm application does not require sponsorship). 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 FCNB” 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 FCNB, it will be reviewed by FCNB 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 Insurance Licences” page of the FCNB Portal to verify your application’s status.

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