

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



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

# **Restricted Insurance Representative**

## **Renewal Guide**

**March 2024**

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# Introduction

This guide explains the Commission's [portal](#) licence renewal process for Restricted Insurance Representative applicants.

Before beginning the 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.

## How to complete a renewal application in the portal

- After logging in, select the *My Licensed Firm and Restricted Insurance Representative* link in the top menu.
- Find the licence you wish to renew from the list below and select *Renew*.

Insurance Licences Insurer Administration Insurer Sponsorship Review **My Licensed Firm and Restricted Insurance Representative** Help

FCNB Portal Home / My Licensed Firm and Restricted Insurance Representative

### My Licensed Firm and Restricted Insurance Representative

Add

**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	Type of licence	Status	Fee	Approved Start Date	Approved Expiry Date	Reason For Application
240019479	240019479	Restricted Insurance Representative	Approved by FCNB	Paid	1/3/2024	31/3/2024	New Licence Application Manage Renew

### Licence Type

Review the licence type, the type of business, and insurance business type. These cannot be changed in a renewal application, a change in any of these would require a new licence application.

- Note, once you select *Next*, you will be unable to make changes to this selection, and the renewal 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 renewal 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).
- 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.

**Note: The fee for a 2<sup>nd</sup> Restricted Insurance Representative licence application may not be required if the only difference is the sponsoring insurer (see [Blanket Order INS-2024-02](#) for details). Please contact [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) if you are renewing 2 or more restricted insurance representative licences for the same firm.**

### Licence type

Before beginning the application process, please familiarize yourself with Rule INS-001 *Insurance Intermediaries Licensing and Obligations* and the requirements for each licence type.

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.

Your application will be automatically saved as a draft once you have completed the first screen. You may 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.

#### Type of Licence

Restricted Insurance Representative

#### Type of Business \*

An automobile dealership, a watercraft dealership, a recreational vehicle dealership, a farm implement dealership, or a construction equipment dealership

#### Number of employees (conducting insurance business in NB) \*

5 to 10 employees or other persons

#### Insurance Business Type

Corporation

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. \*

Next

Close

- Select the check box to confirm that you are authorized to complete this renewal.
- Your renewal application will be automatically saved as a draft once you have completed this page and as you progress through the steps. You are free to leave the process anytime and return later to continue your application.
- Select *Next* to proceed.

### Applicant Details

- Review the legal name, address information and business names registered with New Brunswick's Corporate Registry and make updates as required. Please contact [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) if there have been other changes to your corporate registration to determine whether a new licence application is required.
- To add a new registered business name, select *Add*.
- To edit or remove a registered business name, select the down arrow to the right of that name and select *Edit* or *Delete*.

- If there have been any other changes to your corporate registration, please contact [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) to determine whether a new licence application is required.

### Applicant Details

Please review 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 \*

Sample Agency

Doing Business As

Add

Registered business name ↑

Sample Business Name

Edit  
Delete

Business address

Address \*

987 Main St

- Select *Next* to proceed.

### Branch Locations

- Review the addresses of any branch locations where you have individuals conducting business in New Brunswick. **DO NOT** enter your primary business location.
- To add a new branch, Select *Add*, and provide the information in the pop-up window.
- To edit or remove a branch, select the down arrow to the right of that branch and select *Edit* or *Delete*. If you select *Edit*, a pop-up window will appear where you can make the required changes.

### 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
Sample Branch	123 Main St		Fredericton	New Brunswick		E3G 0B5	Canada	5060000000		sample@email.com

Edit  
Delete

Previous Next Close

- Select *Next* to proceed.

### Classes of Insurance

- Review the classes of insurance that will be offered under your Restricted Insurance Representative licence. Please contact [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) if you need to change the classes of insurance that will be offered.

## Classes of Insurance

Please confirm 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.

## Restricted Insurance Representative Employees

- Review your response about the Restricted Insurance Representative Employees and update as required.
- Use the text box to provide any details required.

### 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.

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

Test

Previous

Next

Close

- Select *Next* to proceed.

## Partners, Directors and Officers

- Review the list of the partners, directors and key officers of the Restricted Insurance Representative.
- To add a new partner, director or officer, Select *Add*.
  - Provide the information in the pop-up window.
- To edit or remove a partner, director or officer, select the down arrow to the right of that individual and select *Edit* or *Delete*.

- If you select *Edit*, a pop-up window will appear where you can make the required changes.
- If you added a new partner, director or officer and the new individual is not currently licensed with the Commission or regulated by OSFI, select *Download Disclosure Form(s)*, save, and fill out the form and upload it later on the Documents page, along with a criminal record check (valid within 6 months).

#### Partners, Directors and Officers

Please review the list of the partners, directors and key officers of the organization.

For any new 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
Last Name	First Name	Sample Position

**Download Disclosure Form(s)**

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

Edit  
Delete

**Previous** **Next** **Close**

- If applicable, select the check box to confirm that the Restricted Insurance Representative is regulated by OSFI or currently licensed with the Commission.
- Select *Next* to proceed.

#### Sponsoring Insurer

- Review the sponsoring insurance company.
- If the sponsoring insurer is changing, choose your new sponsoring insurance company from the list by selecting on the search icon.
- If your sponsoring insurer is not in the list, ask the insurance company to contact the Commission at [insurance.licensing@fcnb.ca](mailto:insurance.licensing@fcnb.ca) for more information.
- A Agency and a Managing General Agent must have a contract with at least one insurance company licensed to carry on business in New Brunswick. In the text box, list all insurers the firm has contracts to do business with.

26%

## 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.

## Trust Account Details

- Review the trust account details for your Restricted Insurance Representative and update if required. Select the appropriate option for your Restricted Insurance Representative.
- To add a trust account, select *Add*.
  - Provide the required details in the pop-up window and select *Submit*.
- To edit or remove a trust account, find the name in the list provided, select the down arrow to the right of that name and select *Edit* or *Delete*.
  - If editing, update information as required in the pop-up window and select *Submit*.

### Trust account details

Our records indicate that you have declared your use of trust accounts as set out below. If your situation has changed, please update the information by editing the appropriate entry or entries as required.

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.

Add

Account Number ↑	Financial Institution	Address	City
123456789	* Other	123 main street	Saint John

Edit  
Delete

Previous Next Close

- Select *Next* to proceed.

## Other Business Activity

- Review the details of the Restricted Insurance Representative's other business activity and update if required.

Other Business Activity

Our records indicate that you have declared the firm's other business activity as set out below.  
If your situation has changed, please update the information by editing the appropriate entries as required.

No business activity is conducted other than insurance

Please describe any business activity conducted by the firm other than insurance. \*

- Select *Next* to proceed.

## Designated Representative

- Review the details of the Restricted Insurance Representative's Designated Representative and update if required.

Designated Representative

Our records indicate the Designated Representative for the Agency, Adjusting Firm, Managing General Agent or Restricted Insurance Representative as set out below.  
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 \*

Sample Designated Rep

Position within organization

Sample

Address \*

123 Main St

Address line 2

- Select the check box confirming that the Designated Representative listed must meet the criteria as outlined in the [Rule INS-001 Insurance Intermediaries Licensing and Obligations](#).

New Brunswick Insurance licence number \*

123456

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

- Select *Next* to proceed.

## Regulatory and Licensing Details

- Review the details of any insurance licence(s) that the Restricted Insurance Representative currently holds or has held in any jurisdiction, including New Brunswick, update if required.
- If adding a licence, provide the details in the text box provided, starting with the INITIAL issue year with CURRENT expiry date.

### Regulatory and Licensing Details

Our records indicate that your regulatory and licensing details are as set out below. Please update the details of any insurance licence(s) that the firm currently holds or has held 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 has never held an insurance licence in any jurisdiction other than New Brunswick.

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

Jurisdiction ↑	Home jurisdiction	Licence Type	Issued In	Expires In	
New Brunswick	Yes	OTL	March 2022	March 2023	▼ Edit Delete

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

Details \*

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

- Select *Next* to proceed.

## Proceedings and Judgements

- Please review your responses to the four questions regarding any criminal conviction(s), whether a court has ever found the Restrictive Insurance Representative liable for misrepresentation or fraud, whether any legal proceedings are pending against the Restrictive Insurance Representative or whether you have been advised that a legal proceeding will be commenced against the firm, and whether the firm has any outstanding judgements.
- If the answer to any question is “Yes”, please select *Add* to input the details into the grid at the bottom of the page.
  - In the pop-up window, provide the required details and select *Submit*. You may upload additional supporting documents later on the Documents page.
- To edit or remove a proceeding or judgement, find it in the list provided, select the down arrow to the right of that name and select *Edit* or *Delete*.
  - If editing update information in the pop-up window and select *Submit*.

## Proceedings and Judgments

Our records indicate that your proceedings and judgments details are as set out below.

Please tell us about any criminal conviction(s) or civil action(s).

If the answer to any question is "Yes", please enter full details in the grid at the bottom of the page. Select the **Add** button to input a new item. You may upload supporting documents later in the "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

Proceedings and Judgements

Type	Nature ↑	Summary	Jurisdiction	Date	Status	
Civil Actions	Fraud	test	New Brunswick	02/05/2023	Decision rendered	<div style="border: 1px solid red; padding: 2px;"><input type="button" value="Add"/>  <div style="border: 1px solid red; padding: 2px;"><input type="button" value="Edit"/> <input type="button" value="Delete"/></div></div>

- Select *Next* to proceed.

## Bankruptcy

- Review the details about whether the Restrictive Insurance Representative has ever been subject to a proceeding in bankruptcy, or entered in a proposal or an arrangement under the [Companies' Creditors Arrangement Act](#). Any *Yes* answers will prompt a text box for additional details.

### Bankruptcy

Our records indicate that your bankruptcy details are as set out below.

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

- Select *Next* to proceed.

## Errors and Omissions Insurance Coverage

- 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.

### 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.

The Certificate of Insurance may be provided as proof of coverage.

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

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

- A copy of errors and omission insurance will need to be uploaded in the *Documents* section of the application process.
- Select *Next* to proceed.

## Documents

- You are required to upload disclosure form(s) and criminal record check(s) for any NEW partners, directors or officers of the firm unless the individuals have been licensed with the Commission within the past year. You are also required to upload proof of the required errors and omissions insurance.

### 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.

You only need to upload disclosure form(s) and criminal record check(s) for NEW partners, directors, and officers added. Note that FCNB is not requesting disclosure forms or criminal record checks if your firm is regulated federally by OSFI or if these NEW partners, directors or officers have been licensed with FCNB within the past 12 months.

Designated representative document upload (required only in case of a change)

[Browse...](#)

Disclosure form(s) for any NEW Partner/Director/Officer.

[Browse...](#)

Criminal record check(s) for any NEW Partner/Director/Officer

[Browse...](#)

If applicable, proof of any changes made to firm with New Brunswick's Corporate Registry

[Browse...](#)

Errors and Omissions insurance coverage (certificate of insurance)

[Browse...](#)

Please upload additional documents, if any.

[Browse...](#)

[Upload](#)

- Select *Next* to proceed.

## Additional Information

- 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.

## Validation and Confirmation

- Select the check box to confirm that the information provided in this application is true and correct to the best of your knowledge and no material information has been omitted.

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.

## Fees and Payment

- 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 select to send or deliver payment separately, you will be redirected to a page to download your statement. You may call 1-866-933-2222 to make a credit card payment via phone. 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. Please include a copy of the statement with your payment so it can be properly credited to your account.

## 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 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

Sample Agency - Agency

Payment status: **Not Paid**  
Transaction ID: 240000283  
Transaction date: 2/2/2024

#### Fee details:

Base Fee	\$150.00
Total	\$150.00

Payment Method:

- Pay online using Visa, MC or Amex  
 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, by selecting **Manage** next to the submitted application on your **My Licensed Firm and Restricted Insurance Representative** page of the portal.

100%

## 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
Total	\$150.00

[Download Statement](#)

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

- Select **Submit** to complete the renewal application submission.

## Confirmation

[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.

## What happens after I submit my application?

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You can monitor the status of your renewal application on the *My Licensed Firm and Restricted Insurance Representative* page (refer to the status column).

Once your Restricted Insurance Representative renewal 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 renewal 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).