

July 9, 2021

Adrienne Warner
Policy Manager
CISRO Secretariat
25 Sheppard Avenue West, Suite 100
Toronto, ON M2N 6S6

Sent via email: cisro-ocra@fsrao.ca

Dear Ms. Warner,

Re: CISRO Consultation on Principles of Conduct for Intermediaries

On behalf of Advocis, The Financial Advisors Association of Canada, we are pleased to provide our comments in regards to the Canadian Insurance Services Regulatory Organizations (“CISRO”) Consultation on its Principles of Conduct for Intermediaries (the “Principles”).

1. ABOUT ADVOCIS

Advocis is the association of choice for financial advisors and planners. With more than 17,000 member-clients across the country, Advocis is the definitive voice of the profession, advocating for professionalism and consumer protection. Our members are provincially licensed to sell life, health and accident and sickness insurance, as well as by provincial securities commissions as registrants for the sale of mutual funds or other securities. Members of Advocis are primarily owners and operators of their own small businesses, creating thousands of jobs across Canada. Advocis members provide advice in several key areas, including estate and retirement planning, wealth management, risk management, tax planning, employee benefits, and life, critical illness and disability insurance.

Professional financial advisors and planners are critical to the ongoing success of the economy, helping consumers to make sound financial decisions that ultimately lead to greater financial stability and independence both for the consumer and the country. No one spends more time with consumers than advisors and planners, educating them about financial matters and helping them to reach their financial goals. Advocis works with decision-makers and the public, stressing the value of financial advice and striving for an environment in which all Canadians have access to the advice they need.



2. INTRODUCTION

Advocis supports CISRO's intention to "supplement, complement and build upon the intermediary elements in the *Guidance on Conduct of Insurance Business and Fair Treatment of Customers (FTC)*" (the "Guidance") jointly issued by CISRO and the Canadian Council of Insurance Regulators ("CCIR"), and embed FTC Principles in a harmonized code of conduct. We agree that the Principles will reinforce the fair treatment of customers; however, we believe that certain elements could be clarified further to better reflect their underlying intent and ensure that intermediaries are fully aware of the professional behaviour and conduct expected of them.

3. OUR COMMENTS

Our specific comments on the Principles are as follows:

- **Principle #2 – Customers' Interests**

The Principles outline CISRO's expectations on how intermediaries can best ensure FTC outcomes but, as currently presented, the Principle regarding the priority of Customers' Interests is listed as the second Principle (following Compliance/Outcomes). We recognize that CISRO is not necessarily intending to express any particular order of importance through their presentation in the Principles; nonetheless, even if it is a symbolic gesture, we believe that the Principle regarding Customers' Interests should be the very first.

Placing this Principle first would emphasize the primacy of customers' interests above all else and underline the fact that these Principles are created, first and foremost, to advance the spirit of FTC. In that vein, this type of principle is traditionally first in the codes of conduct of many intermediary membership associations, such as Advocis,¹ FP Canada,² the Institute for Advanced Financial Planning³ and the Independent Financial Brokers of Canada.⁴

¹ The first principle in Advocis' Code of Professional Conduct specifies that "An Advocis Member shall act in a client's best interests." <https://myadvocis.ca/wp-content/uploads/CPC/ADV-CPC-ADVOCIS-FNL.pdf>

² The first principle in FP Canada's Principles of the Code of Ethics specifies that *Duty of Loyalty* encompasses "The duty to act in the client's interest by placing the client's interest first. Placing the client's interest first requires the Certificant place the client's interests ahead of their own and all other interests." <https://fpcanada.ca/docs/default-source/standards/standards-of-professional-responsibility.pdf>

³ The Institute for Advanced Financial Planning's first Canon specifies under *Obligations to Clients* that "Members shall act in the best interests of their clients and shall place the interests of their clients above their own." <https://www.iafp.ca/content.php?SectionID=1&ContentID=8>

⁴ The Independent Financial Brokers of Canada's Code of Ethics & Standards of Professional Conduct specifies



We would further highlight the focus on the priority of clients' interests by referencing the client-focused reforms ("CFRs") issued by the Canadian Securities Administrators ("CSA"). The CFR relating to conflicts management and client best interests took effect on June 30, 2021, well before the remaining CFRs which will come into force on December 31, 2021. While each of the CFRs will bring about meaningful enhancements to intermediary conduct, the focus on this element as first "out of the gate" sets the tone for the entire set of reforms.

We believe that the priority of the customers' interests should be expressed first – not only in terms of its ordinality, but also to convey how this element underpins all other elements that follow. We therefore recommend that Customers' Interests be repositioned as the number one entry in this list of Principles.

- **Principle # 1 – Compliance/Outcomes**

This Principle states that intermediaries must comply with all applicable laws, regulations, rules and regulatory codes to which they are subject. We believe this Principle could be strengthened by referencing compliance with not only the letter, but also the spirit, of these laws. Consumer protection is enhanced when intermediaries comply with the intent animating the laws; an overly narrow interpretation could impair this objective. Referencing compliance with the spirit of the laws furthers a principles-based approach to regulation.

Additionally, this Principle should reference that intermediaries' obligation in this regard includes remaining compliant with relevant laws that may be introduced or amended over time.

- **Principle #9 – Competence**

In regards to competence, Principle #9 only refers to the need for intermediaries to maintain an appropriate level of knowledge. It does not refer to developing and maintaining an appropriate level of skill. Possessing knowledge should not be conflated with having skills, nor should these terms be used interchangeably. Skills are specific learned abilities and the expertise required to perform a task well – put another way, it is the learned application of one's knowledge.

Advocis believes that achieving FTC requires that intermediaries demonstrate their competence through both knowledge and skill when providing financial advice to customers.⁵ The

under its first principle, *Paramountcy of the Client's Interests*, that "An IFB member shall place the interests of his/her client first, ahead of all other interests, and setting aside any personal motivations and beliefs." <https://ifbc.ca/wp-content/uploads/2019/08/IFB-Code-of-Ethics.updatedJuly-2019.pdf>

⁵ For example, Principle 3 (Competence) in Advocis' Code of Professional Conduct requires that "An Advocis Member shall exhibit their competence through the effective application of both skill and knowledge when providing products and services." Advocis Code of Professional Conduct – Explanatory Notes. Available at: <https://myadvocis.ca/wp-content/uploads/2019/04/2019-ADV-CPC-Explntry-Notes-FNL-1.pdf>



underlying Guidance also refers to the maintenance of “an appropriate level of professional knowledge and experience”⁶, with an understanding that one’s skills are honed by that experience. Therefore, we recommend this Principle include a specific reference to the need for intermediaries to maintain an appropriate level of skill, alongside knowledge.

The completion of ongoing continuing education (CE) is critical to competence: knowledge can quickly become outdated in a rapidly-evolving financial services sector, impairing FTC outcomes. In order to give full effect to this Principle, it is our recommendation that it reflect the importance of maintaining CE by requiring that (i) all jurisdictions have a CE requirement; and (ii) there be a role for accredited CE to ensure that the education is of high quality and enhances the intermediary-client relationship.

- **Principle #4 – Advice**

We believe that CISRO must demand a higher bar when it comes to advice: advice must not merely be suitable for the client, but instead reflect professional standards. In recent years, there has been a palpable shift in the expectations of consumers. At one time, “suitable” advice was simply a part of a checklist in transacting in a financial product. Today’s consumers recognize that it is the advice itself, and the longstanding client relationship between client and advisor, that takes centre stage; any transaction in product is incidental to fulfilling the goals and objectives discussed in that advice.

Because of the trust that consumers place in their advisor, and the tremendous impact that quality advice can have on consumers’ financial outcomes, it is critical that consumers can rely on ubiquitous, public-facing titles such as ‘financial advisor’ or ‘financial planner’ that are often used as proxies for professionalism. Unfortunately, this is not the case throughout most of Canada – these titles are largely unregulated and can be used by anyone without any particular knowledge or skill. This is finally starting to change.

We strongly encourage CISRO to align this Principle with other consumer-protection measures such as Ontario’s and Saskatchewan’s initiatives to regulate these key titles. Further, we highlight the CSA’s CFRs which introduce a new standard for interfacing with clients which prohibit registered individuals from using titles that could mislead their clients as to their proficiency, experience or qualifications.

To that end, we recommend that CISRO enhance this Principle by making clear that: (i) advice must be delivered at a professional standard; and (ii) the use of public-facing titles must align with any relevant restrictions and must not mislead or deceive the public as to the title user’s professional qualifications.

⁶ CCIR/CISRO, *Guidance Conduct of Insurance Business and Fair Treatment of Customers*. September 2018. At p. 6. <https://www.ccir-ccrra.org/Documents/View/3450>



4. CONCLUSION

We thank CISRO for the opportunity to provide comments on its Principles of Conduct for Intermediaries. Overall, we are supportive of CISRO's goal to strengthen FTC by building upon the Guidance and setting forth expected standards of conduct for all intermediaries. We ask that you take into consideration the recommendations put forward in this submission as we believe these can further promote the intent behind the Principles.

Should you have any questions, please do not hesitate to contact the undersigned, or James Ryu, Vice-President, Legal and Regulatory Affairs at jryu@advocis.ca.

Sincerely,

Greg Pollock, M.Ed., LL.M., C.Dir., CFP
President and CEO

Rob Eby, CFP, RRC
Chair, National Board of Directors



Québec, le 9 juillet 2021

OCRA - Organismes canadiens de réglementation en assurance
5160, rue Yonge, 16e étage
Toronto (Ontario) M2N 6L9.

Objet : Commentaires sur les Principes de Conduite à l'Intention des
Intermédiaires.

Madame,
Monsieur,

La présente lettre fait suite à une demande de consultation par les Organismes canadiens de réglementation en assurance (OCRA) sur le Principes de Conduite à l'Intention des intermédiaires (Principes). Les OCRA souhaitent obtenir des observations de la part des parties intéressées sur les Principes qu'ils proposent.

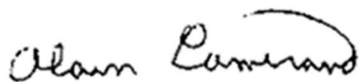
Commentaires généraux

Les assureurs directs membres de la Corporation des Assureurs Directs de Dommages (**Cadd**) accueillent avec intérêt l'initiative des OCRA de proposer des principes de conduite pan canadiens à l'intention des intermédiaires.

La Cadd est d'avis que ces Principes doivent être cohérents et ne pas entrer en contradiction avec la réglementation en vigueur dans chaque juridiction provinciale.

Dans la mesure où ces Principes sont en harmonie avec les réglementations provinciales, les membres de la Cadd n'ont pas d'objection à ce que les régulateurs provinciaux en fassent la promotion dans chacune de leur juridiction.

Si des informations ou précisions additionnelles étaient requises nous vous invitons à contacter M. Denis Côté, directeur général de la corporation, au 581 986-9762 ou par courriel à Denis.cote@outlook.com.



Alain Camirand
Président du Conseil
Corporation des assureurs directs de dommage du Québec.

La Corporation des assureurs directs de dommages (Cadd) rassemble les 10 plus importants assureurs directs de dommage œuvrant au Québec. Les membres de la **Cadd** comptent à eux seul pour plus de 60 % de l'assurance de dommages des particuliers vendue au Québec.

Depuis 30 ans, la **Cadd** vise à soutenir et à faire rayonner ses membres auprès des différents intervenants politiques, réglementaires et socioéconomiques de l'industrie et travaille à faire reconnaître, protéger et promouvoir les forces et les avantages du modèle de distribution de ses membres pour le bénéfice des consommateurs.



8 July 2021

Mr. Ron Fullan
Chair,
Canadian Insurance Services Regulatory Organizations (CISRO)
25 Sheppard Avenue West, Suite 100,
Toronto, Ontario, M2N 6S6

cisro-ocra@fsrao.ca

Dear Mr. Fullan:

RE: *Principles of Conduct for Intermediaries*

The Canadian Association of Direct Relationship Insurers (CADRI) is the voice of insurance enterprises that offer automobile, home and commercial insurance directly to Canadians. We advocate for flexible and evolving product and service innovation so that Canadians can easily choose insurance that serves their needs through the delivery channels of their choice.

CADRI appreciates the opportunity to comment on CISRO's proposed *Principles of Conduct for Intermediaries* (the *Principles*).

Principle-based and harmonized approach

CADRI commends CISRO for taking a principle-based approach to ensuring that consumers receive clear communications and fair treatment from agents and entities distributing insurance products and services. A principle-based practice enables a company to adapt to regulatory changes in the context of its own policies and procedures.

Moreover, CADRI also lauds CISRO in seeking a uniform set of principles to provide minimum standards across the country. CADRI members are national entities with agents trained for and serving customers in multiple jurisdictions. Harmonized standards streamline training and make sense to customers, who may also hold insurance in more than one geography.

Exemption for FTC-compliant companies

CADRI members have structured, tiered staffing models to ensure excellent supervision of all employees and exclusive agents working both in the office and virtually. Potential applicants undergo thorough background checks. Prior to connecting with customers, agents participate in rigorous training to ensure compliance with regulations, company policies and delivery on commitments to customer service and fair treatment of consumers. After licensing, agents continuously update their skills and knowledge. Thus, the very nature of direct-relationship insurers' corporate structures and internal controls ensures that they comply with regulatory frameworks and protect consumers' interests.

In this context, the *Principles* are compatible with our members' work integrating CCIR-CISRO *Guidance: Conduct of Insurance Business and Fair Treatment of Customers* (FTC Guidance) with their own policies and procedures. Thus, we would encourage individual members of CISRO to consider the employees and exclusive agents of insurers who have already adopted FTC Guidance to have met the equivalent of the *Principles*.

In the absence of an exemption, CADRI encourages CISRO to ensure that the *Principles* conform as closely as possible with FTC Guidance. We further recommend that CISRO members embrace the *Principles* rather than creating additional, new and different codes.

Alignment with FTC Guidance and other rules

Having reviewed the *Principles*, we would like to recommend the following changes to ensure consistency with FTC Guidance and other frameworks:

- The definition of "intermediary" in the CISRO document includes "adjuster." Adjusters are not included in the definition of "intermediary" in the FTC Guidance. Many adjusters are licensed and, therefore, governed by regulators making up CISRO, but most of the *Principles* relate to agents. Adding "adjuster" to the *Principles* has the potential to create confusion. We recommend deleting "adjuster" from the definition.
- Principle 4. Advice says: "If providing advice to or for a Customer, the intermediary must seek **complete** information from the Customer." The FTC Guidance does not use the word "complete" and instead says "... appropriate information should be sought from Customers for assessing their insurance demands and needs." We suggest using consistent wording.
- Principle 5. Disclosure requires intermediaries to "... provide Customers with objective, **complete**, relevant, and accurate information and explanations so that they can make informed decisions." FTC Guidance requires "appropriate information." We suggest removing the word "complete."
- In our opinion, Principle 8. Protection of Personal and Confidential Information would achieve the same aims by simply saying:

"Intermediaries must take the necessary and appropriate measures to protect personal and confidential information. They must comply with all applicable privacy legislation to appropriately manage information."

In our estimation, the proposed Principle 8 is not aligned with existing privacy legislation which outlines that personal information can only be used for purposes which the client has consented to *unless an exception applies* – for instance, in the event of an emergency. Moreover, the proposed principle goes further than any privacy rules we are aware of by introducing the concept of duration. We submit that consents do not have durations, only their purposes do. Information can be kept only so long as the purpose remains valid. Consents can also be withdrawn. Neither changed purpose or withdrawal constitute a duration.

Conclusion

CADRI's members have determined that the *Principles* could co-exist with current practices to ensure customers are treated fairly during the life-cycle of providing property and casualty insurance services.

We recommend CISRO exempts FTC-compliant insurers from the *Principles* and that jurisdictions adopt the final *Principles*, rather than creating new and different codes across the country.

Finally, we have recommended small changes which would align the *Principles* more closely with FTC Guidance.

Once again, thank you for the opportunity to review the proposed *Principles*.

Yours sincerely,



Geoff Beechey
Chair and CEO CADRI

cc:
CADRI Board of Directors
CADRI Market Conduct Task Force
CADRI Licensing Task Force

Thera Medcof, Chair, CISRO Principles Working Group

July 9, 2021

Mr. Ron Fullan, Chair
Canadian Insurance Services Regulatory Organisations
c/o: cisro-ocra@fsrao.ca

Dear Mr. Fullan:

CAFII thanks CISRO for the opportunity to provide input on its draft *Principles of Conduct for Intermediaries*. Our Association strongly supports CISRO's efforts to codify principles and guidance around the fair treatment of customers.

We have organized this feedback submission around High Level Feedback Points; followed by Specific CAFII-Relevant Feedback Points.

High Level Feedback Points

CAFII strongly supports the premise that fair treatment of customers expectations must apply to intermediaries. Our Association is therefore generally comfortable with the 10 Principles set out in *CISRO's Principles of Conduct for Intermediaries*, and the expectation that intermediaries should conduct their business in accordance with the Principles that are relevant and applicable to them.

As an industry Association whose members must comply with the legislative and regulatory expectations of 18 federal and provincial/territorial insurance regulators and policy-makers across Canada, CAFII is strongly supportive of regulatory harmonization. We therefore applaud and thank CISRO for (i) deciding to set out high level, harmonized-to-the-degree-possible Principles which reflect the minimum regulatory conduct standards for intermediaries that are common across Canada regarding the fair treatment of customers; and (ii) designing the Principles with the intent of supplementing, complementing, and building upon the intermediary elements in the *CCIR/CISRO Guidance: Conduct of Insurance Business and Fair Treatment of Customers* (FTC Guidance) and aligning them with the Insurance Core Principles of the International Association of Insurance Supervisors.

CAFII appreciates that in the Principles' definition of intermediary, CISRO has taken pains to stipulate that the definition includes "business entities that distribute insurance products and services . . . It also applies to all distribution methods, including the internet." We agree with and support CISRO's specifying a relatively broad definition of intermediary. The definition's provisions which we highlighted above are directly relevant to CAFII, given that many of our members are Restricted Insurance Agent licence holders (i.e., business entity/corporate licensees) in those provinces which have RIA licensing regimes; and we focus as an Association on direct-to-consumer distribution of credit protection insurance (CPI) and travel insurance, including the internet channel, rather than on traditional face-to-face distribution by an individually licensed advisor.

That said, we note that the CISRO Principles' definition of intermediary includes "adjuster." Adjusters are not included, however, in the definition of "intermediary" found in the *CCIR/CISRO FTC Guidance*. Therefore, because adding "adjuster" to the CISRO definition of "intermediary" has the potential to cause confusion, without significant offsetting value to be gained in doing so, CAFII recommends the deletion of adjusters from the scope of the CISRO Principles' definition of "intermediary."

In addition, CISRO's Principles of Conduct for Intermediaries uses the term "must" to describe many of the Principles. Given that the Principles will not have the same legal status and enforceability as a Regulation, we recommend that CISRO harmonize with the language used in the FTC Guidance by using the words "are expected to" or other variations on the verb "expect" -- or alternatively the verb "should" -- rather than "must."

Specific CAFII-Relevant Feedback Points

CAFII has two feedback points to offer with respect to *Principle #4 Advice*.

First, with respect to this Principle's stipulation that "Advice must be suitable for the needs of the Customer based on the Customer's disclosed circumstances," CAFII would like to remind CISRO that while the federal *Bank Act* and section 5(1) of the federal *Insurance Business (Banks and Bank Holding Companies) Regulations* (IBBRs) permit banks and other federally regulated financial institutions (FRFIs) to offer advice regarding Authorized Insurance Products/CPI, the offering of that advice is significantly tempered by provincial and territorial regulatory and licensing requirements.

The nature of the advice that banks/FRFIs are permitted to provide around Authorized Insurance Products/CPI is strictly limited to the product itself and must not include suitability-related measures such as a needs-based financial/insurance assessment, Know Your Client tools, or holistic advice.

In the case of Authorized Insurance Products/CPI, because the consumer is enrolling in optional insurance related to a single and specific borrowing need such as a mortgage or line of credit – and that scenario falls within the scope of activity permitted to occur through a non-advisory sales channel (i.e. banks/FRFIs must provide consumers with sufficient information, which meets provincial or territorial regulations and industry commitments and guidelines, to enable them to make an informed decision) – Authorized Insurance Products/CPI are typically offered by non-licensed individuals throughout Canada.

Non-licensed individuals are strictly prohibited from offering advice and recommending an insurance product as "suitable."

That said, CAFII does not believe that this point of clarification which we've raised, while important, necessarily dictates that an amendment must be made to CISRO's draft *Principles of Conduct for Intermediaries*. That's because (i) *Principle #4 Advice* begins with the following words: "If providing advice to or for a Customer, . . ."; and (ii) the Preamble to the Principles states the following: "Intermediaries should conduct their business following the Principles **that are relevant to them**, . . ."

As a second point of feedback with respect to *Principle #4 Advice*, CAFII notes that there is a lack of congruence between the CISRO Principles' expectation that ". . . the intermediary must seek **complete information** from the Customer" and the CCIR/CISRO FTC Guidance's requirement that ". . . **appropriate information** should be sought from Customers." In the interests of optimal alignment, CAFII recommends that CISRO harmonize its Principles with the terminology in the already established FTC Guidance.

As a parallel point of feedback with respect to *Principle #5 Disclosure*, CAFII notes that there is a lack of congruence between the CISRO Principles' expectation that intermediaries should "... provide Customers with objective, **complete**, relevant, and accurate information ...". versus the CCIR/CISRO FTC Guidance's expectation that "**appropriate information**" should be disclosed to consumers. In the interests of optimal alignment, CAFII recommends that CISRO harmonize its Principles with the terminology in the already established FTC Guidance.

As a final specific feedback point on what CAFII believes to be an inadvertent omission error, we believe that the following edit is in order in *Principle #10, Oversight*: "Intermediaries **are expected to** have tools at their disposal such as policies and procedures, ..."

Conclusion

Fair treatment of customers is, in CAFII's view, a critically important element in a regulator's expectations toolkit, as it gets at the heart of a business' organizational culture. CAFII members firmly believe in and strive to be exemplary in embedding and practising fair treatment of customers as part of their business cultures.

We thank and applaud CISRO for developing and consulting widely on its draft Principles of Conduct for Intermediaries. We see value in the Principles as a source of accessible, crisp, plain language, base-case guidance, and as a document which addresses the need for recurring reinforcement of the imperative that businesses should base their marketplace behaviours on fair treatment of customers.

Thank you again for the opportunity to provide input and feedback on CISRO's Principles of Conduct for Intermediaries. Should you require further information from CAFII or wish to meet with representatives from our Association on this or any other matter at any time, please contact Brendan Wycks, CAFII Co-Executive Director, at brendan.wycks@cafii.com or 647-218-8243.

Sincerely,



Rob Dobbins
Board Secretary and Chair, Executive Operations Committee

About CAFII

CAFII is a not-for-profit industry Association dedicated to the development of an open and flexible insurance marketplace. Our Association was established in 1997 to create a voice for financial institutions involved in selling insurance through a variety of distribution channels. Our members provide insurance through client contact centres, agents and brokers, travel agents, direct mail, branches of financial institutions, and the internet.

CAFII believes consumers are best served when they have meaningful choice in the purchase of insurance products and services. Our members offer travel, life, health, property and casualty, and credit protection insurance across Canada. In particular, credit protection insurance and travel insurance are the product lines of primary focus for CAFII as our members' common ground.

CAFII's diverse membership enables our Association to take a broad view of the regulatory regime governing the insurance marketplace. We work with government and regulators (primarily provincial/territorial) to develop a legislative and regulatory framework for the insurance sector that helps ensure Canadian consumers get the insurance products that suit their needs. Our aim is to ensure appropriate standards are in place for the distribution and marketing of all insurance products and services.

CAFII's members include the insurance arms of Canada's major financial institutions – BMO Insurance; CIBC Insurance; Desjardins Insurance; National Bank Insurance; RBC Insurance; ScotiaLife Financial; and TD Insurance – along with major industry players Assurant; Canada Life Assurance; Canadian Premier Life Insurance Company; Canadian Tire Financial Services; CUMIS Services Incorporated; Manulife (The Manufacturers Life Insurance Company); Sun Life; and Valeyo.



Consumer Advocate for Insurance.

Défenseur du consommateur en
matière d'assurances.

Le 29 juin 2021

CISRO/OCRA

OBJET: Principes de Conduite à l'intention des intermédiaires

Monsieur, Madame,

Cette lettre fait suite à votre envoi du 25 mai dernier relativement à l'objet mentionné en rubrique.

Nous tenons à vous remercier de nous avoir fait part de votre proposition. A la lecture de cette dernière, notez que nous étions en accord avec elle. Ces principes sont certes une bonne base afin de protéger les consommateurs et nous vous en remercions. Avec les directives et ces principes, nous osons espérer que les intermédiaires sauront respecter leurs engagements envers les consommateurs et leur offrir un service impeccable.

Sur ce nous vous prions de croire, Monsieur, Madame, à nos sentiments distingués.

Michèle Pelletier
Défenseure du consommateur en matière d'assurances

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July 8, 2021

SENT VIA EMAIL

To: cisro-ocra@fsrao.ca
Ron Fullan, CISRO Chair, ron.fullan@skcouncil.sk.ca

**Re: Canadian Insurance Services Regulatory Organizations (CISRO)
Draft Principles of Conduct for Intermediaries**

The Canadian Association of Independent Life Insurance Brokerage Agencies (CAILBA) is a national industry association of life insurance intermediaries that helps our members to stay abreast of change and effectively implement compliance and regulatory updates. We work with our insurance carrier members to identify their expectations and provide education, knowledge, and tools to our members and their insurance brokers to help them stay current with industry best practices and technology. We provide a platform for our MGA members to collaborate and share ideas and best practices across Canada in order to better the industry and build unity in the MGA community nationally.

We appreciate the opportunity to set out our thoughts regarding your draft Principles of Conduct for Intermediaries. We attach a version marked with our feedback and proposed edits.

Regarding our edits, we address two important points.

First, MGA's act only as intermediaries, and do not carry out services on behalf of insurers. MGAs arrange for or facilitate the supply of financial services; this is an important distinction and one we would be happy to discuss with you.

Second, MGA's monitor advisors only on a risk-based basis. For our purposes and as addressed in CLHIA Guideline G-18: Insurer-MGA Relationships, 'risk-based' supervision and monitoring takes into account, among other things, (i) with respect to the MGA, its business structure, number of advisors, where the advisors work, the sales and marketing support it provides, the types of products and services involved in typical transactions, and reported complaints and concerns, and (ii) with respect to the advisor, its information as provided through the initial screening process, experience, client base, typical transactions, and reported complaints and concerns.

Thank you for your consideration. We would be pleased to discuss this further at your convenience.

Best regards,

Earleen Moulton
CAILBA Board, Regulatory Compliance

Eric Wachtel
CAILBA Board, Legislative Matters



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Canadian Insurance Services Regulatory Organizations (CISRO) Principles of Conduct for Intermediaries

Preamble

The CISRO Principles of Conduct for Intermediaries (the Principles) reflect common regulatory standards for insurance intermediaries in Canada. The Principles outline professional behaviour and conduct expectations for the fair treatment of Customers.

Intermediaries should conduct their business following the Principles that are relevant to them, while ensuring compliance with all applicable laws, regulations, rules or regulatory codes within their respective jurisdiction. Any stricter or more specific requirements, rules or standards of conduct take priority over the Principles.

The Principles are intended to supplement, complement and build upon the intermediary elements in *the Guidance on Conduct of Insurance Business and Fair Treatment of Customers* (FTC), issued by CISRO and the Canadian Council of Insurance Regulators (CCIR). The Principles also align with Insurance Core Principles (ICP) of the International Association of Insurance Supervisors' (IAIS).¹

The Principles reinforce the fair treatment of Customers as a core component of the intermediary business culture. This includes conducting business in an honest and transparent manner. Expectations for the conduct of insurance business may differ depending on the nature of the relationship to the Customer (whether it is direct or indirect), the type of insurance provided and the distribution method. Intermediaries with oversight responsibilities must take reasonable efforts to ensure that employees who represent them (Representatives) meet high standards of ethics and integrity.² For clarity, these Representatives do not include independent contractors such as brokers.

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Definition of Intermediary: Intermediary is given broad meaning, and will differ based on the applicable definitions within different jurisdictions across Canada. It encompasses adjusters, individual agents, brokers and representatives as well as business entities that provide advice and distribute insurance products, including managing general agencies (MGAs) who arrange for the supply of financial services and third party administrators. It also applies to all distribution methods, including the internet.³

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Definition of Customer: Customer refers to policyholder (which itself, as the case may be, includes a certificate holder) or prospective policyholder with whom an insurer or intermediary interacts, and includes, where relevant, other beneficiaries and claimants with a legitimate interest in the policy.

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¹ International Association of Insurance Supervisors. Insurance Core Principles, ICP 18 and ICP 19, updated November 2019. <https://www.iaisweb.org/page/supervisory-material/icp-on-line-tool>

² The Insurer is responsible for fair treatment of Customers throughout the life-cycle of the insurance product, as it is the Insurer that is the ultimate risk carrier. The Insurer's ultimate responsibility does not absolve Intermediaries of their own responsibilities for which they are accountable.

³ This definition aligns with the CCIR/CISRO FTC guidance. These Principles apply to all Intermediaries that are authorized to do business within any jurisdiction, whether licensed, registered or exempted from licensing or registration.

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The Principles outline professional behaviour and conduct expectations for the fair treatment of Customers:



1. Compliance / Outcomes: Intermediaries must comply with all applicable laws, regulations, rules and regulatory codes to which they are subject.



2. Customers' Interests: Intermediaries must place Customers' interests ahead of their own. This includes when an intermediary is marketing, distributing and providing ongoing advice with respect to products.

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3. Conflicts of Interest: Intermediaries must identify, disclose and manage any actual or potential conflict of interest that is associated with a transaction or recommendation. They must avoid entering into or pursuing agreements for which conflict(s) of interests cannot be managed, or if they interfere with the fair treatment of Customers.

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4. Advice: In providing advice to or for a Customer, Intermediaries must seek complete information from the Customer in order to understand and identify their unique needs. Intermediaries must provide objective, accurate and thorough advice that enables the Customer to make an informed decision. Advice must be suitable for the needs of the Customer based on the Customer's disclosed circumstances.

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5. Disclosure: Intermediaries must provide Customers with objective, complete, relevant, and accurate information and explanations so that they can make informed decisions. Intermediaries must:

- Properly disclose relevant information to all necessary parties, including the insurer; and
- Disclose information and explanations in a manner that is clear and understandable for Customers, regardless of the distribution model or medium used.

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6. Product and Service Promotion: Intermediaries must ensure that products and services are promoted in a clear and fair manner. Regardless of the distribution model or medium used, Intermediaries must ensure that promotions are not misleading, and are easily understandable. Product promotions must disclose all necessary and appropriate information.

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7. Claims, Complaints Handling, and Dispute Resolution: Intermediaries must handle or assist in the handling of claims, complaints, and disputes in a timely and fair manner.

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8. Protection of Personal and Confidential Information: Intermediaries must take necessary and appropriate measures to protect personal and confidential information. They must:

- Only collect information that is necessary and appropriate for the fulfillment of the service or product provided;
- Use and disclose the information only for purposes and for the duration for which the Customer has given consent; and
- Comply with all applicable privacy legislation to appropriately manage the information.



9. Competence: Intermediaries must maintain an appropriate level of professional knowledge to ensure the fair treatment of Customers, and, in the case of MGAs, provide for their Intermediaries training opportunities. Reasonable efforts must be taken to ensure that continuing education requirements are fulfilled and that duties match training/education. Intermediaries must not misrepresent their level of competence or conduct business beyond their level of professional knowledge and experience.

10. Oversight: In general, Intermediaries with contractual or regulatory oversight obligations must take reasonable measures to help ensure the appropriate conduct of any employee or third party involved in the distribution or servicing of an insurance product, including by providing access to policies, procedures, and training to help ensure the fair treatment of Customers is achieved in relation to their oversight obligations. For clarity, MGAs undertake only 'risk-based' supervision and monitoring of Intermediaries with whom they contract.

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July 9, 2021

Ron Fullan
CISRO Chair
25 Sheppard Avenue West, Suite 100
Toronto, Ontario, M2N 6S6
E-mail: cisro-ocra@fsrao.ca

RE: Consultation on Principles of Conduct for Intermediaries

Dear Ron,

The Canadian Life and Health Insurance Association (CLHIA) appreciates the opportunity to comment on the Canadian Insurance Services Regulatory Organizations (CISRO) consultation on the proposed principles of conduct for intermediaries. The life and health insurance industry would like to express its support for these principles. We believe that this draft guidance will support the development of regulatory expectations for intermediaries, and we would encourage CISRO's membership to harmonize their respective initiatives with these principles.

The CLHIA is a voluntary association whose member companies account for 99 per cent the life and health insurance business in Canada. These insurers are significant contributors to Canada and its economy. They provide financial security to over 29 million Canadians and make over \$103 billion in benefit payments (of which 90 per cent goes to living policyholders as annuity, disability, supplementary health or other benefits with the remaining 10 per cent going to life insurance beneficiaries). In addition, life and health insurers have nearly \$950 billion invested in Canada's economy. In total, 99 life and health insurance providers are licensed to operate in Canada.

These principles align with insurer compliance programs, industry standards, and best practices. However, there are a few definitions that may benefit from clarification, or alignment with the terminology used by the industry. Please find our feedback below about the following definitions:

- **Responsibility for the fair treatment of customers (FTC):** While the insurer is the ultimate risk carrier, intermediaries should also have their own responsibilities to treat customers fairly. It is important for intermediaries to have clear FTC responsibilities that are separate and different from insurer responsibilities, which are relative to their conduct in an intermediary role and how they encounter compliance risk.
- **Definition of Intermediary:** The draft definition of an intermediary should extend to National Accounts. The inclusion of National Accounts in the definition of intermediary is consistent with the "CCIR/CISRO Guidance: Conduct of Insurance Business". Conversely, this guidance includes adjusters as intermediaries who have a very different role from agents, brokers, or MGAs. We would suggest that this be removed, as the principles do not seem to relate to their unique role.

- **Definition of Customer:** We agree with how CISRO has defined customer. However, we believe that the definition of “customer” should also apply to “consumer”. This would be consistent with Insurance Core Principle (ICP) 19, and the definition in the “CCIR/CISRO Guidance: Conduct of Insurance Business and the Fair Treatment of Customers”.
- **Claims, Complaints Handling, and Dispute Resolution:** Intermediaries may support insurer processes for responding to claims, complaints handling and dispute resolution. However, as worded, the guidance may imply an obligation for intermediaries to create their own separate processes. This would be duplicative and likely result in slower consumer outcomes. Therefore, we would ask that you amend the language such that it reads: “Where intermediaries handle or assist in the handling of claims, complaints and disputes, they must do so in a timely and fair manner.”
- **Advice:** As indicated by this principle, intermediaries should provide objective, accurate, and thorough advice to make informed financial decisions. However, we would modify the wording to state: “Before giving advice, appropriate information should be sought from customers for assessing their insurance objectives and needs” mirroring the language in the CCIR/CISRO joint Guidance “Conduct of Insurance Business and Fair Treatment to Customers”. Dependent on the product, a review of a consumer’s entire financial circumstances is not always necessary, or relevant and may be overly intrusive. For example, gathering information about someone’s investments or savings may be part of a complete fact find, but it may not be relevant to the purchase of a health insurance product. However, where appropriate advisors should strive to build long term relationships with their clients to educate them and provide advice on how insurance products may help them achieve their goals. CISRO may wish to add a statement setting this expectation as it is an indicator of the value of advice to consumers.
- **Disclosure:** Consumers need product information that is relevant to their transactions. However, we would ask that CISRO adopt the language from the CCIR/CISRO joint guidance and narrow the expectation in this principle to the provision “appropriate information”. We are concerned that reference to “complete information” is ambiguous and may create an expectation that intermediaries provide extra information beyond what is relevant and meaningful to the consumer, overloading them with documentation that may detract from what is important.
- **Protection of Personal and Confidential Information:** As drafted this principle does not align with current privacy legislation. We would suggest the following high-level wording that would still parallel the intended public policy objective of both the relevant legislation and this principle: “Intermediaries must take the necessary and appropriate measures to protect personal and confidential information. They must comply with all applicable privacy legislation to appropriately manage information.”
- **Competence:** CLHIA Members agree that intermediaries should be required to maintain a level of professional knowledge to ensure they provide sound advice. Our view is that this

foundational principle should encourage the adoption of continuing education (CE) requirements in all jurisdictions and promote harmonization across the country.

- **Oversight:** We agree with this principle. However, it may be helpful to intermediaries if the principle were to clarify which third-party relationships are in scope of these obligations. The wording should specify that intermediaries, such as MGAs and National Accounts, should have oversight responsibilities when they contract with advisors to arrange for the distribution of life and health insurance products. This would support insurer oversight, as insurers only have sightlines into the distribution of their own products. As stated in previous submissions, FTC policies and procedures are best supported when intermediaries and insurers both have oversight responsibilities.

As a general drafting note, the guidance uses prescriptive terms such as “must” and “require”. Generally, more permissive terms such as “should” or “may” are reflective of the nature of this kind of Guidance. One possibility may be to frame each principle as setting an expectation.

Thank you for the opportunity to provide our feedback through this public consultation. We would like to reiterate the life and health insurance industry’s support for these principles, and we are available at your convenience to answer any questions that you may have.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Brent Mizzen". The signature is fluid and cursive, with a prominent loop at the end.

Brent Mizzen
Assistant Vice President
Market Conduct Policy and Regulation



INSURANCE BROKERS ASSOCIATION OF CANADA
ASSOCIATION DES COURTIERS D'ASSURANCES DU CANADA

June 24, 2021

Canadian Insurance Services Regulatory Organizations (CISRO)

By email: cisro-ocra@fsrao.ca

Re: CISRO Principles of Conduct for Intermediaries

On behalf of the Insurance Brokers Association of Canada (IBAC) and our 11 Member Associations, thank you for sharing the proposed Principles of Conduct for Intermediaries and for seeking stakeholder input.

IBAC welcomes and supports the Principles and wishes to commend CISRO for this initiative. The Principles closely reflect IBAC's own Principles and Practices for the Sale of Products and Services by Property & Casualty (P&C) Insurance Brokers, which has been in place for many years. This IBAC position paper sets out the best practices that should apply to the conduct of P&C brokers in their dealings with insurance consumers.

From IBAC's perspective, CISRO's Principles are clear, precise, and straightforward. They also represent a natural extension of the important work relating to the Fair Treatment of Customers (FTC).

IBAC and our Member Associations strongly support efforts by government and industry that highlight and uphold the best interests of the consumer. In this regard, please also find attached submissions from both the Insurance Brokers Association of Ontario (IBAO) and the Regroupement des cabinets de courtage d'assurance du Quebec (RCCAQ). These submissions provide feedback that is relevant at both a provincial and national level, and outline some observations, questions, and suggestions.

We look forward to receiving CISRO's final confirmation of the approved Principles and collaborating with you to proactively communicate and reinforce them with our Member Associations and throughout the marketplace.

Sincerely,

Peter Braid
IBAC CEO



June 9, 2021

Canadian Insurance Services Regulatory Organization (CISRO)
cisro-ocra@fsrao.ca

SUBJECT: Insurance Brokers Association of Ontario's Response to CISRO's Principles of Conduct for Intermediaries

To whom it may concern,

Thank you for the opportunity to provide input on the proposed Principles of Conduct for Intermediaries. On behalf of the Insurance Brokers Association of Ontario (IBAO), the following are our comments.

IBAO would like to take this opportunity to reaffirm our association's commitment to consumer advocacy in the marketplace and applaud CISRO for its move to issue guidance that will ensure consumers are treated fairly in the insurance industry. IBAO is committed to working with all parties to ensure a consumer friendly solution to any perceived or evolving challenges.

Brokers play a critical role in the quality and nature of advice provided to consumers throughout Ontario when choosing insurance products. IBAO is supportive of this direction and any comments provided in this document should only be viewed as seeking further clarification for education purposes.

General Feedback:

- Our expectation is that any practical implementation of the principles will:
 - Be carried out within the existing regulatory framework, market processes and procedures, and;
 - Not add any unnecessary complexities or costs to the industry. An overly complex or onerous framework, although implemented for good intention, would detract our members' ability to service consumers effectively and inadvertently increase the cost of products on offers to consumers.
- We would like to stress the importance of seeing these Principles and the Fair Treatment of Consumers Fairly (FTC) Bulletins from both CCIR and FSRA continue to align.
- In order to see the consistent fair treatment of consumers there must be some form of coordination within the marketplace on how FTC guidelines are implemented across the various key stakeholders in the supply chain.
 - With respect to the FTC initiative at the CCIR level, IBAO has seen multiple insurers heading down their own path as they execute the mandate. Some insurers are changing their contracts to specify reporting and intermediary behavioural expectations. Some insurers are implementing FTC through specific and compulsory training programs. Some insurers are leveraging what their international parent company does overseas.
 - Failure to achieve market coordination may result in differing consumer experiences and leave brokers, who represent various insurance companies, feeling the brunt of the uncoordinated approach.
- An important component of the execution of these Principles should be the timelines that compliance is expected to be implemented within and how they are expected to emanate in formal industry relationships. None of the Principles listed in your draft suggest a major shift. However, please keep in mind that major changes, especially when insurance company contract and third party contracts are involved, can be a very onerous task.

Specific Feedback Regarding Specific Principles

1. Compliance/Outcomes: No feedback
2. Customers' Interests: No feedback
3. Conflicts of Interest:

Greater guidance will be key to a consistent understanding as to what CISRO considers to be or not to be a conflict with respect to common business practices in the current marketplace. Examples could include profit commission arrangements and structures, sales targets, insurance company promotions that include incentives, portfolio transfers, minimum volume requirements of insurance companies and broker contract cancellation processes.

Expectations placed on intermediaries must align with expectations placed on insurers.

4. Advice: No feedback
5. Disclosure:

Disclosing information and providing explanations in a manner that is clear and understandable for Customers requires a reciprocal standard from the insurance companies that brokers represent. In order for brokers to fulfill this requirement, increased transparency from insurance companies will be required in order to understand how insurance companies define and articulate their target markets. The guidelines provided from the insurer to the broker must be a requirement for any product on the market. How this practice will be established, practically, is still unclear.

For example, an insurer who has chosen not to offer flood coverage in a high risk zone should provide brokers with the criteria they have used to define high risk zones. Or, insurers who reduce their appetite for a section class of commercial lines coverage should provide brokers with details as to why that class of business is no longer being offered.

In addition, these standards must also extend beyond the broker/insurance company partnership and also include the broker/technology tool partnership. For example, property raters must also be able to explain their process of generating replacement value.

One area of disclosure that does not seem to be addressed in the principle is the timeliness of providing the information to the consumer. As has been witnessed on many occasions in the current market, the providers of insurance products can be very late in the communication of non renewal or denial of insurance. Minimum standards of communication timelines should be set for the consumer, that way, all parties will need to comply, including for example MGA's.

6. Product and Service Promotion: No feedback
7. Claims, Complaints Handling and Dispute Resolution:

Standards regarding claims status and claims progress transparency for intermediaries should be mandated across all insurance companies. This will be a requirement in order for brokers to consistently fulfill this Principle.

8. Protection of Personal and Confidential Information

IBAO fully supports the need to ensure consumer interests and their data are protected while making sure that brokers are adequately enabled to provide the service that consumers deserve.

A few points of note:

- As the world continues to digitize and more third party technology vendors enter the ecosystem, personal and confidential information is becoming a highly prized and targeted commodity.
- Today, at what could be considered to be, the early stages of the technology evolution within our industry, third party vendors monetize depersonalized data with little to no consumer consent or regulatory oversight.

- Clear behaviours, consent and consumer disclosure by intermediary, insurer, technology vendors contracted within the industry (eg Broker Management System providers and third party claims handling) should be defined.

Consumers must be given the option as to what their data can and will be used for at all times.

9. Competence:

The regular delivery and training of licensees – RIBO – continues to look at and evolve the continuing education requirements for all licensed brokers in Ontario. IBAO is very supportive of ensuring that all licensed individuals are properly trained on an ongoing basis.

10. Oversight:

IBAO would like to see further explanation of the expectations in what level of oversight would be required from an intermediary of ...”a third party involved in the distribution or servicing of an insurance product”. There are many possible third parties involved from MGA’s to consumer facing technology solutions that could be involved in distribution and supply, many not within the intermediaries direct control - more details of CCIR’s expectations in this regard would be useful.

Conclusion:

IBAO continues to work and is working within the industry to assess the impact of the evolving industry and its impact to consumers. IBAO is more than willing, with the support of IBAC and its membership, to assist CISRO and add its voice to any discussion or development of identified improvement.

Once again, thank you for giving IBAO the opportunity to respond. Please do not hesitate to contact me if you have any questions or comments.

Yours truly,

Colin Simpson
Chief Executive Officer

June 14, 2021

Canadian Insurance Services Regulatory Organization (CISRO)

To whom it may concern,

First and foremost, the RCCAQ would like to thank the Canadian Insurance Services Regulatory Organizations (CISRO) for providing an opportunity to comment on the Principles of Conduct for Intermediaries.

In general, the RCCAQ fully subscribes to the proposed principles and undertakes to relay them to its members, in keeping with past practices. In our view, a number of these principles are already laid out in the current regulatory framework, which has served to strengthen consumer protections in recent years.

As regards the definition of intermediary, we realize that it is deliberately "broad". In addition to the examples listed in the document, it is our understanding that insurance agents working for direct insurers are included. We would like to verify whether this same definition also includes individuals distributing insurance products within the framework of the "no certified representative" distribution scheme (such as automobile dealerships/finance & insurance). Since all distribution methods are covered, it seems essential, in our view, that both of these distribution methods should be considered when implementing the principles.

As mentioned previously, the RCCAQ subscribes to the proposed principles. However, damage insurance brokers (P&C) do not work alone and must rely on various partners to carry out their mission. In that context, it appears that the efforts of all stakeholders should be coordinated when implementing the proposed principles. Certain decisions made by insurers, for example, could have an impact on brokers' ability to offer and deliver services that are fully aligned with the principles.

Similarly, it should be noted that these principles are always implemented within a specific context. Indeed, the damage insurance sector operates within an ever-changing environment that is not always favourable to consumers. Brokerage insurers' market concentration in Quebec, particularly in the personal insurance lines, is a clear example of this.

Whenever an insurer's market share is greater than 60% within a given segment, it is legitimate to question whether consumers' interests are being properly served. In short, the RCCAQ would like these principles to be analyzed in their entirety from a holistic perspective so that each actor can contribute fully to them and all intermediaries are effectively able to subscribe to them.

As was the case for the regulatory review in Quebec, we are calling on the regulators to maintain or enhance their "proximity approach"; today's exercise is a case in point. One of the key advantages of this approach is that it fosters open dialogue while making it possible to share realities. This approach also serves to clarify regulators' expectations and facilitates the enforcement of each stakeholder's obligations in the marketplace.

The RCCAQ would like to thank CISRO for this opportunity and looks forward to playing an active and collaborative role in the future.

Sincerely,

Éric Manseau
General Manager

July 9, 2021

Delivered via e-mail: cisro-ocra@fsrao.ca

RE: Principles of Conduct for Intermediaries

Insurance Bureau of Canada (IBC), on behalf of our (P&C) member companies, appreciates the opportunity to review and provide comments on the *Principles of Conduct for Intermediaries*.

IBC supports principles that set the standards of conduct for intermediaries across the country. Our recommendation is to ensure that the *Principles of Conduct for Intermediaries* is aligned with the *Conduct of Insurance Business and Fair Treatment of Customers* guidance issued by the Canadian Council of Insurance Regulators (CCIR) and the Canadian Insurance Service Regulatory Organizations (CISRO). Intermediaries are a significant part of the business for many of our members, and it is in the industry's best interest to ensure that the principles of conduct are aligned with the *Conduct of Insurance Business and Fair Treatment of Customers* guidance.

Furthermore, our members would appreciate further clarification from CISRO regarding the expectations of direct writer insurers whom have already implemented the *Conduct of Insurance Business and Fair Treatment of Customers* guidance and who do not use independent intermediaries.

We have also included our detailed comments on the *Principles of Conduct for Intermediaries* in the attached Appendix.

Please do not hesitate to contact me with any questions or comments.

Sincerely,

Sarah Fong

Sarah Fong
Director, Economics

Cc: Huma Pabani (TD, Market Conduct Working Group Chair)
Michael Padfield (Economical, Regulation Standing Committee Chair)

Appendix

Definitions		Comments	
<p>Definition of Intermediary: Intermediary is given broad meaning, and will differ based on the applicable definitions within different jurisdictions across Canada. It encompasses adjusters, individual agents, brokers and representatives as well as business entities that distribute insurance products and services, including managing general agencies and third party administrators. It also applies to all distribution methods, including the internet.</p>		<p>IBC members observed that the introduction of 'adjusters' into the definition of intermediaries will potentially create some confusion for adjusters, claims assessors, agents and brokers, as adjusters are not included in the definition of intermediary in the Fair Treatment of Customers (FTC) Guidance. This will potentially create concerns related to applicability of the FTC Guidance as these principles for adjuster activities are not contemplated in the FTC Guidance.</p> <p>We recommend removing the term 'adjuster' from this Principle to maintain alignment with the FTC.</p>	
Principle		Comments	
1.	<p>Compliance / Outcomes: Intermediaries must comply with all applicable laws, regulations, rules and regulatory codes to which they are subject.</p>		
2.	<p>Customers' Interests: Intermediaries must place Customers' interests ahead of their own. This includes when an intermediary is developing, marketing, distributing and servicing products.</p>		
3.	<p>Conflicts of Interest: Intermediaries must identify, disclose and manage any actual or potential conflict of interest that is associated with a transaction or recommendation. They must avoid entering into or pursuing agreements for which conflict(s) of interests</p>	i)	<p>The industry commends CISRO for this guidance as it provides direction to intermediaries, such as brokers and MGAs, on intended standards of conduct, which was lacking in the FTC.</p>

	<p>cannot be managed, or if it interferes with the fair treatment of Customers.</p>	<p>To ensure clarity and alignment with the FTC, we recommend emphasizing that intermediaries must avoid entering into or pursuing agreements which pose a conflict of interest that interferes with the fair treatment of customers. Intermediaries should respect the guidelines for the business which they are authorized, registered or licensed to conduct. As an example, brokerages should refrain from having any financial interest or partnership in services which are outside of their license (i.e., full claim service).</p>
<p>4.</p>	<p>Advice: If providing advice to or for a Customer, intermediaries must seek complete information from the Customer in order to understand and identify their unique needs. Intermediaries must provide objective, accurate and thorough advice that enables Customers to make an informed decision. Advice must be suitable for the needs of the Customer based on the Customer’s disclosed circumstances.</p>	<p>i) Clarification is needed for the first and second sentence to align with the FTC Guidance. The introduction of the word ‘complete’ when requiring intermediaries to “...seek complete information from the Customer in order to understand and identify their unique needs.” will potentially set a higher standard for the intermediary than the FTC Guidance requires. The term “complete” could be open to interpretation and would be a difficult standard to meet. The FTC Guidance requires that Customers receive relevant advice, and uses the following wording: “...appropriate information should be sought from Customers for assessing their insurance demands and needs.”</p> <p>We suggest using the term “appropriate information” in place of “complete information” in the first sentence to better align with the FTC Guidance. We suggest amending the second sentence to include, “When advice is provided” at the beginning of the sentence to align this Principle with the FTC Guidance.</p>
<p>5.</p>	<p>Disclosure: Intermediaries must provide Customers with objective, complete, relevant, and accurate information and explanations so that they can make informed decisions. Intermediaries must:</p> <ul style="list-style-type: none"> • Properly disclose relevant information to all necessary parties; including the insurer; and 	<p>i) The introduction of the word ‘complete’ relating to providing Customers with “objective, complete, relevant, and accurate information and explanations...”, may lead to a potentially higher standard that could be open to interpretation and be difficult to meet. The FTC Guidance requires that: “...a Customer is given appropriate information to make an informed decision...” and further indicates: “...information provided should be sufficient to enable Customers to understand the characteristics of the</p>

	<ul style="list-style-type: none"> • Disclose information and explanations in a manner that is clear and understandable for Customers, regardless of the distribution model or medium used. 		<p>product they are buying and help them understand how it may meet their needs.”</p> <p>IBC suggests removing the word “complete” in the wording of the principle to align more closely with the FTC Guidance.</p>
		ii)	<p>We commend CISRO’s emphasis on transparency between intermediaries and insurers which is recognized in the first bullet of this principle. It is in the best interests of customers, insurers and intermediaries that intermediaries are transparent with both insurers and customers. We recommend revising the preamble sentence to include the following: “Intermediaries must provide Customers and insurers with objective, complete, relevant, and accurate”</p>
6.	<p>Product and Service Promotion: Intermediaries must ensure that products and services are promoted in a clear and fair manner. Regardless of the distribution model or medium used, Intermediaries must ensure that promotions are not misleading, and are easily understandable. Product promotions must disclose all necessary and appropriate information.</p>		
7.	<p>Claims, Complaints Handling, and Dispute Resolution: Intermediaries must handle or assist in the handling of claims, complaints, and disputes in a timely and fair manner.</p>	i)	<p>The P&C Insurance industry has several channels to handle complaints and resolve disputes, including the ombudsmen. Adding this process to the current dispute resolution channels would create additional complexities and would not be aligned with the FTC Guideline. Principle 6.10 (Claims Handling and Settlement) of the FTC Guideline does not include expectations for intermediaries on claims handling; Principle 6.10 only indicates that it may be in the common interest of policyholders, insurers and the intermediaries themselves if “<u>Intermediaries serve as an initial contact for claimants</u>”.</p> <p>If CISRO’s intent is to add to this process, could CISRO please provide further information on the statement that intermediaries</p>

		<p>“must assist in the handling of claims...in a timely and fair manner.” (For example, does CISRO mean for intermediaries to play an enhanced role in the claims process? Or is CISRO simply indicating that, where an intermediary serves as the primary point of contact for a claimant, the intermediary has a responsibility to ensure that the intermediary immediately reports the claim to the insurer and provide prompt communication and updates to the policyholder?)</p> <p>In addition, IBC members observe that the proposed inclusion of “adjusters” in the definition of intermediary will potentially create confusion on intermediary responsibilities for the handling of claims or assisting in the handling of claims. The role of an adjuster would be significantly different than that of an agent or broker. This may also create confusion for the Customer who is submitting a claim.</p> <p>The FTC Guidance has a separate outcome for Claims Handling and Settlement, which outlines expectations for insurers rather than intermediaries, as insurers are responsible for ensuring claims are examined diligently and settled fairly.</p> <p>For closer alignment with the FTC Guidance, we suggest that claims handling be removed from the intermediary principles, along with the term “adjuster” in the definition of intermediary. The role of the intermediary in claims handling should be limited to communicating the claims processes to Customers to assist them when they are making a claim.</p>
<p>8.</p>	<p>Protection of Personal and Confidential Information: Intermediaries must take necessary and appropriate measures to protect personal and confidential information. They must:</p>	<p>i) We are concerned about CISRO’s specificity on compliance with privacy laws given the complexity and nature of privacy laws and that some privacy legislations are currently under review. Furthermore, there are certain instances where personal information can legally be disclosed or retained other than as consented to by the customer</p>

	<ul style="list-style-type: none"> • Only collect information that is necessary and appropriate for the fulfillment of the service or product provided; • Use and disclose the information only for purposes and for the duration for which the Customer has given consent; and • Comply with all applicable privacy legislation to appropriately manage the information. 		<p>We recommend either removing this principle (as it will be covered under Principle 1 requesting compliance with all laws) or revising this Principle to state that intermediaries are obligated to comply with privacy laws.</p>
<p>9.</p>	<p>Competence: Intermediaries must maintain an appropriate level of professional knowledge to ensure the fair treatment of Customers. Continuing education requirements must be fulfilled and duties must match training/ education. Intermediaries must not misrepresent their level of competence or conduct business beyond their level of professional knowledge and experience</p>	<p>i)</p>	<p>Continuing education requirements are not universal and depend on the role and jurisdiction. To improve clarity, the following revision is suggested: “Where applicable, continuing education requirements must be fulfilled...”.</p>
<p>10.</p>	<p>Oversight: Intermediaries with contractual or regulatory oversight obligations are also responsible for the conduct of any employee or third party involved in the distribution or servicing of an insurance product. Intermediaries have tools at their disposal such as policies and procedures, training and control mechanisms to ensure the fair treatment of Customers is achieved in relation to their oversight obligations.</p>	<p>i)</p>	<p>P&C insurance intermediaries across the country vary in terms of their nature, size and complexity. We recommend removing the sentence: “Intermediaries have tools at their disposal such as policies and procedures, training and control mechanisms to ensure the fair treatment of Customers is achieved in relation to their oversight obligations.”</p>



Independent Financial Brokers of Canada

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July 9, 2021

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Toronto, Ontario, M2N 6S6

Delivered by email: cisro-ocra@fsrao.ca

Subject: CISRO Draft Principles of Conduct for Intermediaries

Independent Financial Brokers of Canada (IFB) is pleased to comment on CISRO's draft Principles of Conduct for Intermediaries ("the Principles") for the life/health and property & casualty insurance sectors. IFB advocates and provides input to regulators as the single voice for independent distribution, and on behalf of IFB members in particular.

Changes affecting the regulatory landscape in insurance are important to IFB members. The majority are individual life/health insurance advisors who are often licensed in one or more provincial/territorial jurisdiction in Canada. Many are also licensed, or accredited, in other areas of the financial services industry, so they can offer clients more comprehensive advice and recommendations tailored to their financial plans and needs.

IFB actively participates with other insurance stakeholder groups to help foster consensus, cooperation and outcomes that are beneficial for consumers and the insurance industry. As an example, IFB is a member of a coalition of 4 stakeholder groups (G4)¹ which collectively represent life/health insurance distribution. This group worked collaboratively to develop recommendations and a written proposal to the CCIR and CISRO identifying opportunities to strengthen oversight of advisors, and the industry more generally, several years ago.

One of the recommendations endorsed by the G4 was that insurance regulators develop a national code of conduct for insurance intermediaries. Subsequent to the recommendation, CISRO and the CCIR published their framework and guidance for treating consumers fairly, which includes elements of conduct that might otherwise have been captured in a code of conduct.

¹ Canadian Life and Health Insurance Association (CLHIA); Canadian Association of Independent Life Brokerage Agencies (CAILBA); Advocis; Independent Financial Brokers of Canada (IFB)



Independent Financial Brokers of Canada

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In response, IFB updated its own Code of Ethics and Statement of Professional Conduct² to reflect the FTC guidance. IFB members must agree to be bound by the IFB Code when joining, and annually thereafter.

Our specific comments on the Principles follow.

The Principles

IFB supports the intent of the Principles, which is to complement and supplement the CCIR/CISRO Fair Treatment of Customers (FTC) Guidance by setting minimum regulatory conduct standards for all insurance Intermediaries across Canada.

CISRO states the Principles will *be a resource for consumers to better understand the conduct they should expect from intermediaries*. It would be helpful for CISRO to provide an accompanying explanation as to its expectations around how this will be achieved. It's a fair assumption that many consumers would not be familiar with insurance regulatory bodies or have knowledge of how to access such information. It will be important that this new set of Principles be introduced in a way that will be meaningful for insurance advisors, who may be subject to a variety of codes now, and clients.

IFB agrees that the Principles should apply to all distribution methods, including sales conducted on the internet. Customers should be assured of a minimum standard of conduct regardless of how they access insurance products, including whether they can expect to receive professional advice from a licensed advisor.

Principle 1. Compliance / Outcomes: Intermediaries must comply with all applicable laws, regulations, rules and regulatory codes to which they are subject.

IFB supports the fundamental premise that intermediaries must conduct themselves in a compliant manner. Much of the work IFB does for its members is designed to assist with compliance information and provide tools to help members remain current with changing regulatory expectations and industry best practices.

Principle 2. Customers' Interests: Intermediaries must place the Customers' interests ahead of their own, at all times throughout the business cycle. This includes when developing, marketing, recommending, distributing, and servicing products.

² [Independent Financial Brokers of Canada | Code of Ethics & Standards of Professional Conduct - Independent Financial Brokers of Canada \(ifbc.ca\)](#)

The requirement to place the Customer's interest first is consistent with the client focused reforms adopted by the CSA for securities registrants. Harmonization between these regulatory regimes is important for our many IFB members who are both life insurance licensees and securities registrants.

IFB has suggested additional highlighted wording to underscore that this Principle applies throughout the various stages of the relationship with a Customer.

Principle 3. Conflicts of Interest: Intermediaries must identify, disclose and manage any actual or potential conflict of interest associated with a transaction or recommendation. They must avoid entering into or pursuing agreements for which conflict(s) of interests cannot be managed, or if it interferes with the fair treatment of Customers.

IFB supports this Principle.

Principle 4. Advice: If providing advice to or for a Customer, intermediaries must seek complete information from the Customer in order to understand and identify their unique needs. Intermediaries must provide objective, accurate and thorough advice that enables Customers to make an informed decision. Advice must be suitable for the needs of the Customer based on the Customer's disclosed circumstances.

IFB supports the statement that *advice be suitable based on the information disclosed*. This recognizes that some Customers may not want to disclose all the circumstances that may be relevant for an intermediary to provide thorough or complete advice.

We suggest adding a comment that where no advice is provided, the Customer should be informed.

Principle 5. Disclosure: Intermediaries must provide Customers with objective, complete, relevant, and accurate information and explanations so that they can make informed decisions throughout the business cycle.

Intermediaries must:

- Properly disclose relevant information to all necessary parties; including the insurer; and
- Disclose information and explanations in a manner that is clear and understandable for Customers, regardless of the distribution model or medium used.

While we agree with the intent of the Principle, it should be noted that intermediaries are generally required to use the marketing and product information provided by the manufacturer (insurance company) and are prohibited from developing their own. This was acknowledged in the CCIR/CISRO FTC Guidance which states: *The Insurer is responsible for providing promotional material that is accurate, clear and not misleading not only to Customers but also to Intermediaries who may rely on such information.*

The highlighted text, "throughout the business cycle", has been added to capture that a Customer may need to make an informed decision at various times over the period of engagement.

Principle 6. Product and Service Promotion: Intermediaries must ensure that products and services are promoted in a clear and fair manner. Regardless of the distribution model or medium used, Intermediaries must ensure that promotions are not misleading, and are easily understood. Product promotions must disclose all necessary and appropriate information.

We have the same comment as in Principle 5, in that much of this is outside the control of intermediaries, who are not insurers.

Principle 7. Claims, Complaints Handling, and Dispute Resolution: Intermediaries must handle or assist in the handling of claims, complaints, and disputes in a timely manner and in a way that does not interfere with the fair treatment of Customers.

It might be helpful to add a reference to the fair treatment of Customers, as has been suggested in the highlighted text.

Principle 8. Protection of Personal and Confidential Information: Intermediaries must take necessary and appropriate measures to protect a Customer's personal and confidential information. They must:

- Only collect and retain information that is necessary and appropriate for the fulfillment of the service or product provided;
- Use and disclose the information only for purposes and for the duration for which the Customer has given consent; and
- Comply with all applicable privacy legislation to appropriately manage the information.

Additional clarifying text has been added and highlighted in yellow.

Principle 9. Competence: Intermediaries must maintain an appropriate level of professional knowledge to ensure the fair treatment of Customers. Continuing education requirements must be fulfilled and duties must match training/ education. Intermediaries must not misrepresent their level of competence or conduct business beyond their level of professional knowledge and experience.

IFB agrees with this objective and encourages CISRO and/or individual jurisdictions to ensure their CE requirements are appropriate to reflect today's more complex insurance products and markets. Updating and harmonizing the CE requirement across Canada was a G4 recommendation.

CE is a mandatory licensing requirement for many, but not all, individual licensees in Canada. How will this Principle be satisfied in jurisdictions which have no ongoing educational requirement?

How will the education requirement apply to employees in managerial or sales functions for example, of business entities which are Intermediaries, but those employees are not also individually licensed? Is the intent that these types of situations would be captured under Principle 10?



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Principle 10. Oversight: Intermediaries with contractual or regulatory oversight obligations are also responsible for the conduct of any employee or third party involved in the distribution or servicing of an insurance product. Intermediaries have tools at their disposal such as policies and procedures, training and control mechanisms to ensure the fair treatment of Customers is achieved in relation to their oversight obligations.

IFB agrees that, in order to foster a business culture that supports the fair treatment of Customers, employees and third parties should be appropriately trained to understand and deliver on this obligation. On an ongoing basis, control mechanisms should be in place to detect risks that could negatively affect the fair treatment of Customers.

In conclusion, IFB supports the approach of the Principles. Principle-based guidance for Intermediaries provides the flexibility needed for Intermediaries of all sizes and business structures to comply with the goals and objectives of the fair treatment of Customers.

We trust our comments will be helpful. Should you have questions, or wish to discuss our comments, please contact the undersigned, or Susan Allemang, Director Policy & Regulatory Affairs (email: sallemang@ifbc.ca).

Yours truly,

A handwritten signature in cursive script that reads 'Nancy Allan'.

Nancy Allan

Executive Director

Email: allan@ifbc.ca

Tel: 905.279.2727 Ext. 102

www.ifbc.ca

9 July 2021

Mr. Ron Fullan
Chair,
Canadian Insurance Services Regulatory Organizations (CISRO)
25 Sheppard Avenue West, Suite 100,
Toronto, Ontario, M2N 6S6

cisro-ocra@fsrao.ca

Dear Ron,

The Insurance Institute appreciates the opportunity to comment on the Canadian Insurance Services Regulatory Organizations (CISRO) consultation on the proposed principles of conduct for intermediaries. The institute applauds CISRO's efforts in the development of common principles of conduct for intermediaries that will help to ensure the fair treatment of customers in the life & health and property & casualty insurance sectors.

Our response will focus on five of the proposed principles from the perspective of an educator and an association with a code of ethics that is adhered to by over 20,000 CIP Society Members. The Insurance Institute of Canada has a sophisticated level of expertise and capacity to be able to develop and deliver professional, industry-leading education products that will enable and reinforce the proposed principles of *Advice*, *Disclosure* and *Competence*. Additionally, the Insurance Institute's Chartered Insurance Professional (CIP) and Fellow Chartered Insurance Professional (FCIP) graduates follow a code of ethics that aligns with the proposed principles of *Customers' Interests* and *Conflicts of Interest*.

Our history and background

In many ways, the Insurance Institute of Canada (The Institute) has been an agent of standards and harmonization since we began our work in 1899. In 1952 we established the national network for education and testing that we operate today. From our earliest days, we were formed with a mission to educate and professionalize the insurance industry's workforce. Throughout our history, the Institute has been providing curriculum and continuing education for all members of the insurance industry, including licensed professionals like brokers, agents, and independent adjusters.

Advice, Disclosure and Competence

The principles of *Advice*, *Disclosure*, and *Competence* focus on ensuring customers are provided with knowledgeable, complete information, in a clear manner that they can understand. These principles are fundamentally aligned with our mission to educate the insurance industry and we are uniquely positioned to support and sustain these principles on a national basis.

Developing education and training materials is the primary function of the Institute. Our in-house team of education professionals includes highly educated instructional designers, academic editors, learning technology professionals and examination specialists. Having this level of expertise at hand allows the Institute to continuously initiate and improve its education products to maintain relevance throughout the industry.

The Institute's timely responsiveness is best illustrated by the response to legislative and regulatory changes in the various provinces. For example, the General Insurance Essentials (GIE) courses (C81 and C82) have recently undergone a significant revision in consultation with provincial regulators to ensure optimal alignment with the level one licensing curriculum. The revised texts are currently included in student course kits in most provinces.

The Insurance Institute is also in the final steps of developing a competency profile for insurance professionals for our CIP courses. We have conducted extensive research with the industry and can say with confidence that most of the proposed principles came out clearly in this process and will be reflected in the profile.

Our research also indicates a need for increased sensitivity with respect to diverse and inclusive language, policies and practices. Perhaps this can be added or incorporated into one of the principles.

The Institute is proud of the continuous contributions we make to the knowledge and professionalism of the P&C insurance industry. Our work is done collaboratively, from a non-partisan, non-profit perspective. The Institute's comprehensive process for developing materials is guided by the imperative to ensure that consumers are served by an industry that has been educated using the most current material available.

Customers Interest and Conflicts of Interest

The principles of *Customers Interest* and *Conflicts of Interest*, along with the values of fairness discussed in the Guidance, are a part of our programming and curriculum. Additionally, the Insurance Institute's CIP and FCIP graduates follow a code of ethics that speaks to many of the requirements set out in the Guidance.

Aside from courses about insurance practice and theory, the Institute places focus on teaching the ethical standards demanded by consumers and the wider insurance community. These aspects form an important part of CIP and GIE education.

In our previous correspondence, we spoke to those areas in the Fair Treatment of Customers Guidance. Our experience as educators and examiners provides relevant insight that we hope will add to your work on behalf of the customer.

The Insurance Institute's Code of Ethics is applicable to all elected Fellow Chartered Insurance Professionals (FCIPs), Chartered Insurance Professionals (CIPs), and Honorary Chartered Insurance Professionals (HCIPs), including all members eligible for election. Approximately 20,000 individuals across Canada are members of this group.

The Board of Governors of the Insurance Institute has approved procedures, as detailed in the Institute's By-Laws. We have outlined the Code below:

CIP SOCIETY'S CODE OF ETHICS:

- 1) Institute graduates shall, in exercising their professional responsibilities, and in all professional matters, "subordinate personal interests to those of the public, the client or employer or the Institute and profession as the case may be".**
- 2) Institute graduates shall not wilfully misrepresent or conceal material fact in insurance and risk management business dealings in violation of any duty or obligation.**
- 3) Institute graduates shall not sign or associate themselves with any letter, report, statement or representation, which they know is false or misleading, or which is prepared in a manner, which might tend to be misleading or to misrepresent the actual situation.**
- 4) Institute graduates shall treat as confidential any information, documents, or papers relating to the business affairs of their employer or client and shall not disclose or produce such information, documents or papers, without the consent of the employer or client concerned, except as required to do so by law.**
- 5) Institute graduates shall use due diligence to ascertain the needs of their client or principal and shall not undertake any assignment if it is apparent that it cannot be performed by them in a proper and professional manner.**

- 6) Institute graduates shall not fail to use their full knowledge and ability to perform their duties to their client or principal.**
- 7) In all dealings graduates shall conduct themselves with dignity and shall avoid conduct, which would discredit the profession of insurance or the Institute.**

To reinforce these ethical requirements, the Institute regularly publishes an ethics column with case studies outlined for the industry's review. We also frequently provide ethics webinars hosted by experts in the field. Through our education, professionals are given an understanding of the limits and imperatives of advising and disclosing to customers as well as their obligations to the regulatory environment. As their obligation to the customer becomes more explicit through documents such as the Guidance, the nuances of their training and education will become more valuable in a changing customer environment.

Through our training and continuing education programming, we are pleased to support the industry's continued focus on maintaining ethical business and customer practices.

Conclusion

The Insurance Institute of Canada appreciates the opportunity to provide feedback on CISRO's proposed Principles of Conduct for Intermediaries. We support the need for common regulatory standards for insurance intermediaries in Canada and feel we are uniquely positioned to comment on the proposed principles of *Advice, Disclosure, Competence, Customers Interest* and *Conflicts of Interest*. Additionally, we are ready and willing to offer our support to help educate students and new professionals on these principles through our unparalleled network of customers, members, stakeholders, volunteers and instructors.

Peter Hohman, MBA, FCIP, ICD.D
President & CEO
The Insurance Institute of Canada

July 6, 2021

Canadian Insurance Services Regulatory Organization (CISRO)
cisro-ocra@fsrao.ca

SUBJECT: Response to CISRO's Principles of Conduct for Intermediaries

To whom it may concern,

Thank you for providing the Principles of Conduct for Intermediaries.

I am writing on behalf of the Ontario Mutual Insurance Association. We are the trade association for 37 provincially incorporated mutual insurers. Our Association was established in 1882 and our member companies are all over 100 years old having operated in their communities for over a century.

Our members distribute their property-casualty products through both brokers and agents.

Our organizations as Ontario chartered property casualty insurers provide farm, home, auto, and commercial coverages to individuals and businesses across the province.

The 10 principles outlined are helpful as a starting point for discussion and each of the principles outlines a positive state of affairs and generally desirable outcomes for all stakeholders in the process including consumers and policyholders.

We will provide some general commentary on some areas that fall under these principles that our members have been discussing.

The Fair Treatment of Consumers Guidance that has been published over the past several years, in various iterations, provides a broad guidance framework on how insurers should conduct their business to treat consumers fairly. Throughout the process of development and consultation of that guideline we have had concerns that it did not adequately address the role of intermediaries or even that it potentially created inconsistencies as to how intermediaries and insurers would be expected to deliver fair treatment to policyholders.

We are hopeful that the 10 principles you have outlined for intermediaries will be appropriately aligned with the other guidance so that there will be a common roadmap for everyone involved in delivering property-casualty insurance products.

We believe that consumers are best served by transparent business practices and a competitive market where choices can be made on an informed basis.

We believe that the intermediary system which has developed in Canada in support of property casualty insurance has traditionally done a very good job in representing the interests of consumers and ensuring consumers always have choices and the opportunity to make an informed buying decision.

We believe in the last several years there have been significant challenges to this model with the advent of technology and an increasingly complex and legalistic approach to insurance and financial products. Unfortunately, while consumers are best served by "plain language" approaches to business, by necessity, insurers, regulators, intermediaries, and others are increasingly drawn into complex, legalistic, and less transparent business arrangements.

We believe that the proliferation of data and analytics is a key area that these principles will need to deal with at more than just a high level, particularly as it relates to the transparency of pricing and selection for products. We believe that intermediaries, through no fault of their own, currently are challenged in explaining to policyholders how the insurance product is derived and priced.

This type of meaningful guidance is equally needed by both intermediaries and insurers as it relates to this transparency and would be extremely helpful to policyholders.

On a similar note, much of the current cost of insurance is driven by a need to build increasingly complex compliance and the business models. The cost of providing insurance is no longer strictly related to the actual cost of risk, but rather is also driven by the cost of maintaining compliance risk management systems, regulatory reporting channels, and the creation of documentation and policy frameworks that are created to be compliant, as opposed to be helpful to the policyholder.

The effectiveness of the 10 principles for intermediaries will be directly proportionate to the ability of the CISRO to help clearly align the expectations and responsibilities of intermediaries with insurers and other stakeholders, to provide consistency and guidance and potential approaches, and to reduce wherever possible the complexity of a fair treatment of consumers framework.

Our members are all very small insurers in the overall scheme of the Canadian marketplace; but we do represent many policyholders and are policyholder owned. We try and approach these questions from a commonsense policyholder benefit standpoint, as opposed to a more corporate stance.

As relatively small insurers we also wish to underline the importance of proportionality in developing guidance. A range of large and small insurers and intermediaries in the marketplace allows for a healthy competitive environment that in turn contributes greatly to the fair treatment of consumers. One size does not fit all, and guidance and protocols should not be punitive to small enterprise.

We would welcome an opportunity to provide more practical insight as these principles begin to move more closely to specific points on implementation and practical application.

Thank you for the opportunity to provide input.

Yours Truly,

A handwritten signature in blue ink, appearing to read "J L Taylor". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

John L. Taylor BBA, FCIP, FCLA, CHRL
President

From: [Mike McClenahan](#)
To: [Adrienne Warner](#); [CISRO-OCRA](#)
Cc: [Thera Medcof](#); [Kevin Hollis](#); [Sheila Evans](#)
Subject: Re: CISRO Principles of Conduct for intermediaries
Date: Monday, June 21, 2021 10:51:25 AM

Hello Thera and Adrienne,

We hope you had an enjoyable weekend.

At our TPAAC member and board meeting last week we reviewed the CISRO Principles of Conduct for Intermediaries.

At this time, our understanding is that you are only seeking input on the spirit of the ten principles themselves, as opposed to tactical policies that would come out of any of the principles. Please advise us if that is incorrect.

With that in mind, TPAAC would like to express our support of the principles and we are keen and open to continuing dialogue with CISRO and its members as the policies and procedures around the principles are developed.

Please reach out if you have any questions.

Thank you,

From: [Pat Battle](#)
To: [Adrienne Warner](#)
Cc: [CISRO-OCRA](#); [Leading Edge Claims](#); "[Jean Lalumiere](#)"
Subject: RE: CISRO Principles of Conduct for intermediaries
Date: Thursday, October 14, 2021 3:11:32 PM
Attachments: [image001.png](#)

Good afternoon Adrienne,

CIAA hosted a seminar in July 2021 on the guidelines developed and published by the Canadian Council of Insurance Regulators (CCIR) and the Canadian Insurance Services Regulatory Organization (CISRO) regarding Fair Treatment of Customers to ensure our members were aware of the expectations relating to conduct of insurance and fair treatment of customers and CISRO's proposed Principles of Conduct for Intermediaries will complement and supplement the guidelines as is intended.

As always, we very much appreciate the opportunity to participate in your consultation process and look forward to the finalized document.

Very best regards,



Patricia Battle
Executive Director
Canadian Independent Adjusters' Association
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"The Voice of Independent Insurance Adjusters in Canada"

From: [Karen Puzara](#)
To: [CISRO-OCRA](#)
Subject: Principles of Conduct for Intermediaries
Date: Friday, June 4, 2021 12:55:39 PM

I have reviewed the Principles of Conduct for Intermediaries and feel that they are reasonable and fair and highlight the responsibility of Intermediaries in respect to their clients

Karen Puzara, BA,CPCA
Senior Financial Advisor
HollisWealth Advisory Services Inc.

From: [Larry Chang](#)
To: [CISRO-OCRA](#)
Subject: Feedback: CISRO Principles of Conduct for Intermediaries, Principle 7
Date: Wednesday, June 2, 2021 1:14:36 AM

Principle 7: Claims, Complaints Handling, and Dispute Resolution: Intermediaries must handle or assist in the handling of claims, complaints, and disputes in a timely and fair manner.

Intermediaries must also inform the complainants of their rights to access third-party dispute resolution mechanisms, and provide a list of providers who the complainants can contact for help. These information too must be provided in a timely manner.

Larry Chang, CFA |

From: [Michael A. Gigliotti](#)
To: [CISRO-OCRA](#)
Subject: Request for comments on Principles
Date: Tuesday, June 22, 2021 3:24:53 PM
Attachments: [image001.png](#)

Hi

I've been a life insurance agent with Canada Life primarily since 1992. My prior career was as a practicing lawyer. I've always believed that my primary role as an agent was to give good advice based on reasonable principles and act in the best interests of the client. I'm writing with respect to one of your draft principles, namely:

“... intermediaries must seek complete information from the Customer in order to understand and identify their unique needs”

This is rarely possible given the reality of dealing with customers in the real world. In fact quite often customers simply dictate what they want with a minimal amount of information shared. Regardless of the amount of fact finding I can still give good advice in the best interests of the client without complete information.

Regulators and people with high minded thinking often ignore the real world. So I'd suggest you adjust the above draft principle accordingly. Thanks.

Mike G.

Michael A. Gigliotti, B.Comm., LL.B., Chartered Life Underwriter | Since 1992

From: [CISRO-OCRA](#)
To: [CISRO-OCRA](#)
Subject: J Griffin response - font size reduced
Date: Monday, October 18, 2021 9:36:03 AM

From: J G
Sent: Tuesday, October 5, 2021 6:14 PM
To: CISRO-OCRA
Subject: Re: Permission to publish submission: CISRO Principles of Conduct for Intermediaries

Hello Adrienne,

I hope you have had a good day. I truly thank you for this opportunity.

Please see below:

When an employer and insurance company enter into an agreement, a copy of the policy must be provided to employees. Policies are to be updated every 10 years, the dates on the new updated policies should be mandatory. As of right now, it's not. All companies do is add a new signed on day of while still reflecting an old date. Example policy 2010, in 2020 should be update. Policy still reflects 2010, end of the policy has signed in Waterloo On April 2021.

When a claim is made, employees are told that this is in the contract between employer and insurance company. Employees /Clients are held responsible to follow information, even though they cannot verify that the information provided is true, accurate or even applicable when it's only provided after the fact for STD and LTD. People are still waiting for employers to provide the policy. It's not legally binding, as an employee or client can't be bound by terms and conditions they're not made aware of and never agreed to. This is completely in the insurance companies and businesses favour and not the customer.

As of now, actual policy agreements between insurance companies and employers do not have to provide the policy to the employee, even though the employee is paying for coverage. Employers are required to provide a copy during a claim, yet they refuse and use legal teams to intimidate and scare customers/employees to back down. There should be a zero retaliation policy when a complaint is made. Large fines should be imposed when businesses and insurance companies (any of their employees) collude together to deny access to information that is to be provided to customers/employees.

Reasonable timeframes and requests for information must be laid out in clear concise terms to employees, and not just at the time of the claim. 30 calendar days. This requires enforcement as it's not being adhered to. No date disclosed to clients or employees for providing documentation within a timely manner. Good companies take 30 calendar days. STD, LTD and insurance policies should be up-dated each year. Changes should be highlighted for customers/employees to make informed decisions. Examples: employer notifies employee they're starting a claim with the insurance company. At that point the STD document with a date three years prior is sent (even though there have been changes and updates) If locked into insurance for a year for benefits, where even life changing events are being severely limited, then insurance companies and employers cannot make changes to those benefits after the window has closed. Clients or employees lock their selections in and closed, employer or insurance companies cannot change or take away benefits while customers and employees continue to pay the same premium for less coverage or number of sick days. The only time changes should be allowed is for regulatory changes required to be implemented or if it is in the customer or employees favour. Customers or employees should be ensured of being grandfathered in for any changes they don't have a say in at the table to ensure fairness and proper ethical requirements and oversight.

When a client/employee signs a medical release, the insurer is

responsible for getting the documentation needed. Yet insurance companies and their claim managers threaten to cut off benefits if medical documentation isn't received by their 7 day timeframe they sent to the doctor or specialist. This is outside the client/employees control as they cannot force their doctors to send documentation. They've signed a release to make it easily accessible for the insurance companies claim managers. The client/employees and their benefits should not be threatened about losing their benefits when they've met all requirements. This is intimidation, bullying and harassment by insurance companies and their employees. It causes negative downstream impacts and health deterioration. It causes recovery setbacks as medically documented. It's all for the insurance companies and employers to try and save from paying for a claim. Again profits over people.

The employee is informed that the employee must respond to the insurance case manager within 24 hours or their pay will automatically be cut off. What if the person is in a coma or unable to communicate? If they are medically suffering and unable to respond. Insurance companies and employers, this is all in their favour. The employees/clients were not notified or knew of this "agreement" made between employer and the insurer. They cannot and should not be held hostage or negatively impacted by something they weren't ever aware of or even agreed to. Full disclosure and transparency by insurance companies and employers. Clients/employees at varying levels should be part of the discussions, have say in changes and coverages. Bring it forth to clients/employees, allow voting via email for tracking, percentage of 85% or higher required to make changes to coverage. Must be fair to all parties, not just insurance companies and employers. Clients/Employees based on sick days avg is 5 business days. Yet the client/employees are not given 5 days as they've paid for, company submits a claim after 2-3 days. No documentation to enforce the insurance company or employer to give the sick days paid for in their benefits before a claim is made. Again is in the insurance companies and employers favour.

The only time changes should be allowed is for regulatory changes required to be implemented or if it is in the clients or employees favour. Clients or employees should be ensured of being grandfathered in for any changes they don't have a say in at the table to ensure fairness and proper ethical requirements and oversight.

Changes should be highlighted for clients/employees to make informed decisions about what is changing.

Insurance companies or employers notifies clients/employees they're starting a claim with the insurance company. At that point the STD document with a date three years prior is sent (even though there have been changes and updates) If locked into insurance for a year for benefits, where even life changing events are being severely limited, then insurance companies and employers cannot make changes to those benefits after the window has closed. Clients or employees lock their selections in and once closed, employer or insurance companies cannot change or take away benefits while clients and employees continue to pay the same premium for less coverage or number of sick days.

Documents must be up to date and sent within a reasonable timeframe. Example: It should not take 13 months to receive up-to-date STD/LTD documentation from either the employer or the insurer. The client/employee whose illness/injury/disability should not be sent back and forth while the companies are failing to act in a reasonable manner. This causes negative downstream health impacts, slows recovery. The whole point is to get better and get back to work.

Employer and/or Insurance company providing coverage must provide

an opt out or cancellation function when it is not a contractual obligation to only have coverage with the insurer. When an employee has other insurance coverage outside or via spousal coverage, they should not be forced to continue to have insurance coverage with a company. There should be no forced contractual obligations to customers or employees to sign with one company as it's only in the insurance companies and businesses favour. It should be independent to choose coverage. If not then the insurance companies are being paid by the businesses and employees, businesses pay more. it leads to favoritism by insurance companies towards businesses. If a claims denied, even if medically supported (not legal) this is in the insurance companies and businesses favour and they profit off of this. No level of government, public sector or unions should mandate or in any hiring/employment contract process the requirement be that new hire be forced to have coverage with the company they name. Unethical, the new hire doesn't get to compare or choose to see if coverage is affordable, reasonable, meets their needs. They're coerced to take the coverage in order to be hired for a job. This clearly is not in the client or employees favour, in the insurers and businesses favour.

Prices increase, less coverage and employees can't seek fairer prices or insurance coverage with another company. It should be optional to be able to opt in or out at any time. Employers should not be dictating with whom you have insurance benefits with or what company. This should be an independent selection process for benefits, the same as it should be for customers selecting car and house insurance coverage. As well if by making this change, insurance companies would have to have their prices online, terms and conditions, it would be a more transparent and fair process that would allow CISRO and FSRA to proactively monitor and have more oversight which is grossly needed.

When an insurance company is found guilty of many AML violations, privacy violations, banking regulations compliance and ethics violations, those companies and their employees have a right to automatic cancel coverage with an unethical company. Are companies who continue to do business with these companies with AML violations, are their books being reviewed to ensure innocent employees or customers money

being paid is not being used for illicit gains or integrated, layers and placed? This needs serious oversight and tighter control measures. Zero retaliation against employees who blow the whistle or who bring it to proper authorities in their companies.

Hefty fines for employers and insurers who violate laws and regulations. There needs to be real deterrents. Start in the billions. 15-20 years ago fines and public naming was a real deterrent and ensured companies stayed on the right track. Right now, no one can fine them or hold them accountable. There is a total lack of faith that the industry is fair. It feels very much stacked against the insured -- Again in favour of the insurance companies and businesses.

OLHI requires a serious overhaul. They're not even responding to customer complaints against employers or insurance companies when the person has followed the complaint processes and the next step is to contact them. They need to be held accountable as it appears they're not responding and it's in the insurance companies favour because nothing ever comes of it. The insurance company continues doing offside practices – ie: privacy violations, AML violations, code of conduct and ethical violations. Perception of collusion is strong, not what the public needs when they expect and trust in the system to be right and fair. What is the point of laws and regulations if there are no consequences to those who break them? Irrelevant whether public, government or title. Everyone should be treated equally under the laws and regulations.

Insurance companies need to give more than seven days for employees to get medical forms filled out and returned or even employee declarations. Most people, pre-Covid, had to wait a month or more to be able to see a doctor. Should be minimum 30 business days. This is a very unreasonable timeframe. As well, for people with disabilities, such as myself, who have to rely on others to take them to medical

appointments; and for the visually impaired who require help to fill out forms. People with disabilities and/or injuries require better protection and representation. As well, customers do not find out they're required to have a doctor in order for benefits to be paid. This requires a change as there's a massive doctor shortage and all being pushed is via telehealth. Customer has paid for coverage in good faith, failure to disclose this is in the insurance companies favour and person gets no benefits because they did not know, this is outside a customers control to get a doctor. You have people who've been in waiting lists for 8 years or more.

Insurance case managers and companies should not be requesting information that isn't relevant to a claim. Example "*anyone you might know or have ever known*". If a person is 50 and is injured or becomes disabled, then naming someone who they knew when they were 5 years-old has zero relevance and nothing to do with the claim. There is definitive overreach of insurance companies forms which violates privacy laws. They state it's a general form. I can send screenshots if required. Amendments then have to be made by the injured/disabled person to ensure protection of privacy and information in order to stop overreach by the insurance companies. Case managers should not lie and misrepresent themselves as service providers if an amendment is made to say if they're not granted access then they can't continue to process a claim. The insurance companies protect them and no punishment for falsifying information or company documents, I'm fact, they get promoted. Sends the wrong message.

When privacy violation(s) occur by the insurance company or their employees, they then falsify information, there should be fines and consequences in order to help prevent this bad behaviour. Yet insurance companies continue to threaten and intimidate the injured or disabled if they dare to raise a complaint. If not the first violation, should be automatic termination and a hefty fine against company, ceo and anyone who knew, reviewed and allowed it to occur or continue to

occur.

There should be stiff fines and penalties against employers and insurance companies who disclose personal employee information not relevant to a claim; or when they try to request private information regarding the employee from the insurance company, even though they do not have any legal right to ask. Example: When an employee pays 100% of their LTD premiums, it's tax-free, the employer cannot be asking the insurer how much the employee is being paid on LTD. The insurer cannot disclose medical conditions to business or employers, only that it is supported. They only get to know whether the claim is approved. Another example: When an accommodation request is made (medically supported) the employee is to be a part of the meeting. Employer(s) and the insurance company have a meeting without notifying or including the employee. The business asks if the client is aware and agreed, then the insurance company employee falsifies information to the business putting the business in breach and offside. The client only finds out that this occurred when asking for a copy of their file. The client then discovers that the accommodations team mocks their medical need for accommodation. This egregious behaviour needs to be stopped immediately.

As well, in the agreements, when an employee or clients reaches out to case manager, case manager notifies company. If the company reaches out to the claims manager, the claims manager is to update the client or customer. This is not occurring. The insurance company and their claims manager only notify the business when client/employee reaches out. If it's the business to the insurance company and their claims manager, the client/ customer is not notified. This should really be proactively monitored.

Employers state they're to stay in touch with employees and vice versa as per policy and contract. The employers are not, actually inform employees/clients to not contact them and only go through the case managers. They're in breach if contract and they're forcing the employees/ clients to breach contract. Clients/employees inform the insurance company and provide written proof, the client/employee cannot have their benefits cut off when they've done as requested.

Case managers cannot and should not alter or deliberately falsify information to an employee/client. This should result in an automatic termination of the case manager's employment. If their manager or executive team are made aware and fail to act accordingly, their positions should be terminated as well. Examples need to be set and shown no favouritism in order to restore trust.

Case managers and the insurance companies should not try to illegally coerce signatures from the insured stating they're required agreements, when there is nothing in the policy stating a signed agreement is required. Example: CPP clause, Subrogation Policy contains clauses pertaining to CPP and subrogation, nothing in the policy that states a CPP or Subrogation agreement must be signed by the insured. Yet case managers try to force the employee to sign documentation that's not disclosed anywhere in the policy. If as per policy, STD is approved till 12 month mark and the client/customer is still unable to work, disabled, contract/policy states LTD is automatically approved and the client/customer does not need to apply, automatically transfers over. Yet insurance companies are forcing clients/customers to reapply with no automatic transition. The insurance companies and their case managers threaten to cut off benefits coverage if the client/customer do not comply. This is coercion, intimidation and not legal. This is totally unethical and it's deliberately falsifying information. They're doing it to be in their favour. The insurance companies and businesses who enter into this agreement are illegally colluding and profiting by putting their needs above the clients.

As clients have paid towards their STD and their LTD, especially if they've paid 100% for their LTD, the insurance company/ employers should not have a right to claw back money if approved for CPP nor any right to subrogation to reclaim money paid out. The insured has paid it all in the event something should happen. All the years when the

employee was in good health, the insurance company/employers profited off of the insured's payments. This to me is a double and triple dip which should be illegal. Profiting off injured and disabled is beyond offside and the clients/insured need swift and immediate protection. The insurance companies are not losing money, they're paying the insured from the insured's own money paid to the company. This needs to cease and desist immediately. When the disabled, terminally ill or sick are scraping by because the benefits paid are so low, why are the insurance companies allowed to claw back and or profit off of money already paid to them in good faith. Again, none of this is disclosed to clients or customers as they're not provided any documentation. Supreme Court of Canada stated CPP could be first payment, Supreme court of Canada did not stipulate it the only first payment form. Why should clients be forced to apply for CPP when they already have coverage via benefits they paid for? Again, CPP disability should be saved for or when clients benefits end. Client has paid for both. Client is double taxed. Should be zero need to apply. To me this constitutes insurance fraud as insurance companies are taking payment for services, want to get paid again when they claw back money paid out (paid by the insured); if approved for CPP and a third time by piggy backing off the poor sick and injured if they sue due to medical or accident. Client lost their job and such, insurance companies who make billions every quarter demand subrogation to be paid a third time for the same one payment or monthly payment paid out. That is fraudulent and it 100% is only in the insurance companies/employers favour. As well, they want the clients to pay for the lawyer and the insurance company/employer not pay anything or do anything. This should not be allowed. They should not get any money of a settlement offer owed to the client. Respectfully they're not the ones injured, disabled, lost their job, take a lower paying job because of injury or being permanently disabled. They have lawyers, if they feel they deserve money back paid out to a client, they should use their lawyers to go after the doctor, person who caused the injury in the first place. This is not the on the client, nor should the client be made financially poor to enrich the insurance companies and businesses more.

If the insurance company deems a client/employee permanently disabled after one year on LTD, then this should automatically qualify the client for their LTD payments to be paid until retirement age 67 (not currently up to date by any insurance company or employers. No more medical updates, no more access to the client/ employees medical information. This frees up time and resources within the insurance companies, claims managers, doctors etc. Allows them to focus on current LTD claims. Effective time management.

There needs to be captured informed consent by the client/customer that STD claims managers have provided dates and an LTD case manager to view their medical and private identifying information. This is not done. The company is sharing private information with another person prior to them actually being assigned. Example, LTD case managers are given access to confidential private and medical information 6 months prior to LTD even being approved. While I agree smooth onboarding transition from STD to LTD, it shouldn't be 6 months in advance. 2 months maximum. Again the client/ employee needs to be informed and provide their consent.

No person paying for benefits should be forced to apply for CPP disability. Insured paid for those benefits in good faith of coverage should something occur. CPP should not be used or accessed until benefits expire due to age (human rights violation and not even up to age of retirement. The insured isn't getting a refund for any money they paid out in good faith to the insurance companies. The insurance companies should have to pay back any profit - with interest - they made off the insured's payments made to them in good faith No double or triple dip. They're not out money, they've made money and profited off of it. This needs to be grandfathered in to set precedent and to protect the clients. It's beyond offside that they wish to profit even more, whilst trying to take more from the injured and disabled. The insurance companies/employers should have to back pay any clawed back amounts to the clients/employees. Only time clawbacks should be

allowed is if fraud is proven.

Insurance companies cannot and should not deny an employee's medical documentation to be written off work, deny mental health claims going against medical advice. This is detrimental to clients/employees health. Doctors who physically examined them have done so in their expert opinion. Their in house doctor can't deny claim as they haven't examined the client/customer. They would have to prove and show just cause why their in house doctor would need to examine the client/employee. If it's just to save money and profit, this request would be denied and the client/employee is protected and benefits would be paid out.

The insurance companies "doctor" doesn't examine the client/employee, just makes a determination that they can work, thus they put the injured or disabled employee/clients health at risk. Medical negligence.

If denied, the insured's pay is cut off immediately, which also should not be allowed. This needs to be changed immediately. They shouldn't be able to put an injured/disabled person in financial distress, especially when medically documented employee/client is unable to work.

Example, client diagnosed with stage 4 cancer is deemed to be able to work by a doctor whose not examined them and isn't going through chemo and radiation treatments. Insurance companies who've paired with CMHA and then decline coverage when a qualified physician in related medical field states client needs to be off work and reasons behind it. Yet insurance companies continue to get paid for denying benefits they legally should have paid out to the client when medically substantiated.

Employers should be fined and their employees terminated when they fail to accommodate injured or disabled employees; especially when it is not an undue hardship that they be required to find them a different job at same pay (can't have a pay reduction due to disability or medical) to accommodate their needs. Yes this is a human rights overlap, employer/employee(s) who break the law are not penalized as no

oversight or regulatory controls in place regarding this. The injured/disabled employee is retaliated against for filing a complaint. The employee -- 99% of the time -- is forced out of their job and the employers/employees and insurance companies who broke laws, keep their jobs and get promotions. The cycle of abuse continues. This needs to stop. Better control measures put in place along with oversight and spot audits.

If rates go up, should be better coverage to align. Clients/employees shouldn't be exhorted for benefit amounts and get less and less coverage. It should equal/even out. This applies to car and home insurance as well. Companies keep increasing prices with less coverage. Should an increase be needed, it shouldn't be of no more than 1-2% every 2 years. There needs to be a clear explanation to both governing bodies that oversee and regulates why an increase is needed. No increase allowed if the companies posted profitable quarters. Only those in negative can apply for increases. CISRO FSRA should be the ones who would approve or decline price increases. If approved, clients need to be notified 90 days in advance of an increase, why the increase was applied for (actual details not just, cost increase or no details as it is now) what the changes apply to. Actual cost breakdown.

Insurance brokers need better protection against retaliation by insurance companies they bring forward illegal or offside practices not employees or the companies to their attention. Brokers are threatened if they continue the insurance companies will ensure no business is sent their way and put up road blocks to make it harder to write business with them. The brokers and insurance companies are required to report ethical, privacy and compliance violations for self reporting. The insurance companies ensure brokers are in an untenable position by threatening to put them out of business.

There should be anonymous whistleblower hotlines that protects the brokers and employees who want to do the right thing without retaliation. It should be run by CISRO. Again companies pay the whistleblower lines, the insurance companies and employers pay them exert control over them and just close the file with no recourse for the individual or businesses reporting them and trying to do the right thing. More robust and comprehensive investigations are needed overall. Independent oversight auditors needed in house at Insurance companies and businesses.

I could go on, this clearly demonstrates and shows the lengths that insurance companies and employers will go to colour way outside the lines of ethical behaviour. Profits over people. They know the laws, and yet deliberately choose to ignore and break them. The system requires a complete overhaul, as well as complete transparency because it's so badly broken and grossly unethical. All is in the insurance companies and employers favour. You need civilians who are injured/disabled on the ethical and compliance insurance regulatory boards and oversights to have a voice and provide valuable insight. Proactive monitoring and audits weekly or monthly. This won't be time consuming as it can all be generated by reporting for easy access, review and oversight. Knowledge libraries easily built on existing website for CISRO and FSRA easily cross reference similar complaints, updates and or changes. All found quickly either by case number or key word. AI algorithm can actually do the cross reference searches to correlate key search words into reports. Show trends and patterns by companies and or their employees to see if there's repeat complaints or offences. Create hot topic items public or internal use only for quick identification. Effective for improving time management.

I thank you for your time, I truly hope that positive changes can be made. It is time to hold insurance companies and employers accountable if they fail to follow laws and regulations.

Thank you for your time and consideration.

Kind Regards
J. Griffin