

FIRST SCHEDULE

(Application for Registration as Agents, Brokers, Salesmen, Adjusters)

(Regulation 3)

FORM 1

No.

Date Received



CENTRAL BANK OF TRINIDAD & TOBAGO

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS) (REGISTRATION) REGULATIONS, 1982

APPLICATION FOR REGISTRATION AS AGENT

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO

I hereby apply on my own behalf*/ on behalf of the firm*/company named below for registration to carry on the business of insurance agent in respect of the class/classes of insurance business stated in section B or F herein.

I enclose official receipt No dated as evidence of payment of the registration fee.

The documents listed in Direction No. 8 on page 2 are attached.

Signature of Applicant.....

Date

Title

2. Name of firm*/company

3. Principal address in Trinidad and Tobago

Telephone No.

*Delete whichever is not applicable.

DIRECTIONS

- 1. Where the information required cannot be accommodated on the form of application it should be supplied as an appendix on separate sheets of paper using the same numbering and sub-lettering contained in the application.
2. A separate sheet should be used for each person about whom information is to be supplied under section G, item 28.
3. The certificate in section B, item 7(c) must be signed by the Chief Executive of the insurance company.
4. The certificate at the end of the application must be signed by two directors of the company and by the Manager or Secretary or by the partners in the case of a partnership.
5. "Class/classes of insurance business" means the classes of insurance business listed in the First Schedule to the Insurance Act, Chap. 84: 01.
6. "Controller" has the same meaning as in the Insurance Act, Chapter 84: 01.
7. "Officer or officers" in section H, item 29 refers to the officer or officers to be specified in the certificate of registration who may act thereunder in the name of the company.

8. This application must be accompanied by:
 - (a) The receipt obtained from the Central Bank on payment of the registration fee.
 - (b) Certified copies of the agency agreement and Power of Attorney and any agreement pertaining to commissions and other remuneration payable.
 - (c) The audited accounts and statements required by the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations, 1982.
 - (d) Certified copies of the instrument constituting the firm/company and the statement of shareholding or of the business interests of the partners required by the regulations mentioned in (c) above.
 - (e) The latest agency returns made to the insurance company/companies.
9. A separate application must be made in respect of each company for which the applicant wishes to be registered as Agent.—See sections 89(3) and 108(3) of the Insurance Act, Chap. 84: 01.
10. If the applicant intends to limit the conduct of his business to the insurance of only some of the risks of the class or classes of insurance business this should be indicated.

PARTICULARS OF APPLICATION

PART I

(Applicable to an Individual)

A —PERSONAL PARTICULARS OF APPLICANT

1. Full Name in Block Letters. Mr./Mrs./Miss
2. Address
3. Date of Birth 4. Nationality
5. (1) Present Occupation
- (2) Employer

B—PARTICULARS OF REGISTRATION

6. Indicate by a tick in the appropriate box the class/classes of insurance business in respect of which this application for registration is made.

Classes of Insurance Business

- | | | | |
|-------------------------|--------------------------|-------------------------------------|--------------------------|
| (i) Ordinary Long-Term | <input type="checkbox"/> | (ii) Industrial Life | <input type="checkbox"/> |
| (iii) Liability | <input type="checkbox"/> | (iv) Marine, Aviation and Transport | <input type="checkbox"/> |
| (v) Motor Vehicle | <input type="checkbox"/> | (vi) Pecuniary Loss | <input type="checkbox"/> |
| (vii) Personal Accident | <input type="checkbox"/> | (viii) Property | <input type="checkbox"/> |

7. (a) Name of the insurance company for which the applicant is to be registered as agent.
- (b) Address of the Insurance Company.
- (c) Endorsement of the Insurance Company.

I certify that the applicant has been appointed agent of the above-named insurance company which has been registered under the Insurance Act, Chap. 84: 01 to carry on the class/classes of insurance business stated above.

Signature

Date Title

(Affix official stamp of the company)

8. Other class/classes of insurance business in respect of which you are currently registered and the company for which you are registered as agent.
9. Details of any previous registration which was cancelled including the reason for cancellation.
10. State whether you are now registered or have applied for registration as a broker.

C—QUALIFICATIONS AND EXPERIENCE

- 11. (a) Year in which insurance agent examination was passed
 - (b) Examining body
 - (c) Any other qualification in insurance
- (Forward copies of certificates)*
- 12. Furnish on a separate sheet full details of your experience as an insurance agent indicating:
 - (a) The insurance companies on behalf of which you acted with dates and the class/classes of insurance business transacted.
 - (b) Any experience in insurance business, other than agent, with dates.

D—GENERAL INFORMATION

- 13. Are you a member, director or controller of a company carrying on insurance brokerage business? If so, give details.
- 14. Are you an undischarged bankrupt? If so, have you leave to carry on the business of insurance agent by the court by which you were adjudged bankrupt?
- 15. Will you act full-time or part-time as an agent?
- 16. Are you a member of an association of insurance agents or other insurance association? If so, give the name and address of the association.
- 17. Submit the latest agency returns made to the insurance company/companies.

I certify that to the best of my knowledge and belief all the information given in this application is true and correct.

Date *Signature of Applicant*

PART II
(Applicable to a firm/company)

E—PARTICULARS OF THE FIRM/COMPANY

- 18. The name of the person resident in Trinidad and Tobago appointed as principal representative.
- 19. Date and place of incorporation or formation.
- 20. Summary of main objects.
- 21. The amount of-
 - (i) Authorised capital
 - (ii) Paid-up capital

F - PARTICULARS OF BUSINESS

22. Indicate by a tick in the appropriate box the class/classes of insurance business in respect of which this application is made.

<i>Classes of Insurance Business</i>			
(i) Ordinary Long-Term	<input type="checkbox"/>	(ii) Industrial Life	<input type="checkbox"/>
(iii) Liability	<input type="checkbox"/>	(iv) Marine, Aviation and Transport	<input type="checkbox"/>
(v) Motor Vehicle	<input type="checkbox"/>	(vi) Pecuniary Loss	<input type="checkbox"/>
(vii) Personal Accident	<input type="checkbox"/>	(viii) Property	<input type="checkbox"/>

- 23 (a) The name of the insurance company for which the applicant is to be registered as agent.
- (b) The address of the insurance company.
- (c) Endorsement of the insurance company.

I certify that the applicant has been appointed agent of the above-named insurance company which is registered under the Insurance Act, 1980 to carry on the class/classes of insurance business stated above.

Date Signature.....

(Affixed official stamp of the company) Title

- 24. Other class/classes of insurance business and the insurance company in respect of which the firm/company is now registered.
- 25. Details of any previous registration which was cancelled including the reason for cancellation.
- 26. State whether the firm/company is registered or has applied for registration as broker.
- 27. Date on which financial year ends.

G—PERSONAL PARTICULARS OF DIRECTORS, CONTROLLERS AND PARTNERS

28. In respect of each of the following give the particulars required by (a) to (j) below:

- (i) Directors
 - (ii) Controllers
 - (iii) Managers
 - (iv) Partners
- (a) Full name.
 - (b) Address.
 - (c) Nationality.
 - (d) Date of Birth.
 - (e) Place of Birth.
 - (f) Position (Director, Controller, Partner, etc.).
 - (g) Whether the person is an undischarged bankrupt and, if so, whether he has leave to carry on the business of insurance agent by the court by which he was adjudged bankrupt.
 - (h) Details of shares held in any insurance brokerage business.
 - (i) Details of training and experience in insurance.
 - (j) Whether each partner of the firm is registered or has applied for registration as agent.

H—GENERAL INFORMATION

- 29. The officer or officers to be specified in the certificate or registration of the Company (See Direction No. 7).
- 30. Is the firm/company a member or controller of a company carrying on insurance brokerage business? If so, give details.
- 31. Is the firm/company a member of an association of insurance agents or other insurance association? If so, give the name and address of the association.
- 32. Submit the latest agency returns made to the insurance company/companies.

We certify that to the best of our knowledge and belief all the information given in this application is true and correct.

Signature

Title

Indicate official designation
(See Direction No. 4)

Signature

Title

Signature

Title