APPLICATION FOR REGISTRATION AS AN AGENT

(Sections 110 to 124)
The Insurance (Intermediaries) Registration Regulations, 2020 ("Regulations")

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO ("the Central Bank")

I, _____ (BLOCK LETTERS), (the Applicant) hereby apply for registration to carry on the business of an Insurance Agent in respect of the type and class(es) of Insurance business stated in section B herein.

☐ First Application for Registration.[1]

☐ Application for Re-Registration, where an Agent has failed to re-submit an application for renewal at least twenty (20) business days before the expiration of the Certificate of Registration.

DIRECTIONS
ANSWER ALL QUESTIONS

1. The term "Classes of Insurance business" means the classes of Insurance Business listed in Schedule 1 of the Insurance Act, 2018.

2. (a) The certificate in **Section C** must be signed by the Chief Executive Officer/Managing Director of the Agency; and the Secretary of the Agency.
   (b) Imprint the official stamp of the Agency on behalf of which the Applicant shall act.
   (c) The Applicant must sign at the end of Section E.

3. This application must be accompanied by:
   - ☐ The official receipt CB16 obtained from the Central Bank on payment of the registration fee of **$1,000.00** (for an agent);
   - ☐ A Personal Questionnaire and Declaration Form;
   - ☐ A Certificate of Character issued by the Trinidad and Tobago Police Service within the last six months ***(original or certified copy)***;
   - ☐ A copy (in colour) of valid form of photo identification (DP, PP, or National ID) ***(certified);***
   - ☐ A Curriculum Vitae (signed and dated);
   - ☐ Proof of :
     (a) Passing examinations for the relevant class(es) of insurance business or claim to exemption from examinations[2];
     (b) Executed Agency Agreement or Power of Attorney Agreement relating to commissions and remunerations between the insurance Agency and the Agent;
     (c) Filing of Continuous Professional Development (CPD) Returns (where applicable);
   - ☐ Notice of Termination from previous intermediary (where applicable);
   - ☐ Written explanation for failing to submit an application for renewal not later than twenty (20) business days before the expiration of the Certificate of Registration (where applicable).

4. Where an Agency/Agent wishes to be registered to act on behalf of more than one Insurer, the Agency and Agent must reapply for registration. See Section 111(3) and 129(3) of the Insurance Act, 2018. Each Certificate of Registration specifies the Insurer, as well as the class and type of insurance, in respect of which the Agency and Agent is registered, an Agency/Agent that wishes to replace its arrangement with one Insurer for a different Insurer, must re-apply to be registered as an Agency/Agent in respect of that replacement Insurer.

5. On expiration of the Agent's employment contract with the Agency, a Notice of Termination must be submitted within five (5) business days of the effective date along with the original Certificate of Registration to the Central Bank. Non-compliance will incur a penalty to the Agency.

6. The Central Bank must be notified of all changes in the home address and any other material changes in the registration particulars within five (5) business days of the change.

[1] *The first application for registration refers to the initial application a person submits to be registered as an agent for the first time or when applying to be registered with a* ***new agency*** *and/or for* ***a new class or type*** *of insurance business.*

[2] *See regulation 18 of the Regulations and regulation 20 of the former Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations No. 12 of 1982.*

PARTICULARS OF APPLICATION

A. PERSONAL PARTICULARS OF APPLICANT

1 Full Name in Block Letters:

Mr. ☐ / Mrs. ☐ / Ms. ☐ / Dr. ☐ Surname: _____ First Name: _____

2. Address: Home: _____

Mailing (if it different from above): _____

3. Date of Birth: _____ 4. Age: _____

5. Nationality: _____

6. Telephone Number: ☎ (Home) _____ (Work) _____ (Mobile) _____

7. Fax Number: _____

8. E-mail Address: _____ 9. Occupation: _____

10. Are you a Member of any Insurance Association in Trinidad and Tobago: Yes ☐ No ☐

11. Name of Agency with which the applicant is employed:

_____

12. Registered Address of the Agency: _____

13. Name of Insurance Company for which the Applicant's Agency has been registered:

_____

B. PARTICULARS OF REGISTRATION

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

Types and Classes of Insurance Business

LONG TERM INSURANCE

(i) Accident and Sickness ☐
(ii) Disability Income ☐
(iii) Industrial Life ☐
(iv) Life ☐

GENERAL INSURANCE

(v) Liability ☐
(vi) Marine, Aviation and Transport ☐
(vii) Motor Vehicle ☐
(viii) Pecuniary Loss ☐
(ix) Personal Accident Short Term ☐
(x) Property ☐
(xi) Workers Compensation ☐

Instructions for No. 15: This question only applies to Agents who are applying to be registered under a new class/type of insurance business and/or with a new agency, or agents that are required to submit a new application after having missed the deadline to submit an application for renewal of registration. This question does not require a repeat of your answers to question 14.

15. Other Class/Classes and or Type of Insurance Business in respect of which you are, or were previously registered, to carry on as an Agent:

_____

16. Details of any previous registration which was terminated or cancelled, the reasons for the cancellation/termination and the effective date(s):

_____

PARTICULARS OF APPLICATION

C. QUALIFICATIONS AND EXPERIENCE

17. (a) List all qualifications and attach copies of supporting documents:

(b) Include on a separate sheet, full details of your experience as an Insurance Agent, providing the dates and the name of the company(ies) with which you were registered to conduct the business of an insurance agent.

(c) Date of examination(s):

☐ Tick this box if you were exempted from the examinations referred to in the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations No. 12 of 1982 by the Central Bank.

Instructions for No. 18: The Agency, through its Managing Director/CEO on behalf of the Board of Directors, must have the appropriate delegation or authority to endorse this application by signing and stamping this form. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.

18. We certify that the Applicant is employed with the above named insurance agency (at #11) which has been registered under the Insurance Act, 2018 to carry on the classes of insurance business listed herein.

Imprint the Stamp of Agency

Name of Managing Director/CEO of Agency (Block Letters):

Signature ---------- Date ----------

Name of Secretary of Agency (Block Letters):

Signature ---------- Date ----------
(mm/dd/yyyy)

D. GENERAL INFORMATION

19. Are you registered as an Insurance Consultant? ☐ Yes ☐ No

20. Are you a significant or controlling shareholder, director, officer or other employee of a brokerage?

☐ Yes ☐ No

If Yes give details:

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21. Will you act part time as an Agent? ☐ Yes ☐ No

If Yes give details:

PARTICULARS OF APPLICATION

Instructions for No. 22: This question only applies to Agents who are required to submit a new application after having missed the deadline to submit an application for renewal of registration. Please enclose CPD return and the written verification from the approved educational institution with this application for renewal of registration. The CPD return must be endorsed by the Agency with which you are employed. If your CPD hours were pro-rated, enclose evidence to support a proration in accordance with regulation 12(3) of the Regulations.

E. CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

22. (a) Have you met the CPD requirements for the period? ☐ Yes ☐ No

(b) If No, was a prorated CPD granted? ☐ Yes ☐ No

(c) If Ye,s to (a) above, how many credits were earned? ☐ 12 ☐ >12

(d) If more than 12, indicate the number of credits being carried forward.[3] ☐ 1 ☐ 2

(e Indicate the name of the Approved Educational Institute(s) and the reason for prorating in accordance with regulation 12(3) of the Regulations.

(f) Indicate the CPD points earned in the following areas:

- Insurance Business: ---------- (Minimum 4 hrs.)
- Ethics: ---------- (Minimum 4 hrs.)
- Laws and Regulations: ---------- (Minimum 2 hrs.)
- Other [4] (Specify): ---------- (Minimum 2 hrs.)

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

Signature of Applicant ---------- Date ----------
(mm/dd/yyyy)

[3] *Where an Agent earns CPD hours in excess of the minimum yearly requirement referred to in regulation 12(1) of the Regulations, up to two of the excess CPD hours may be carried into the following CPD year (See Regulations 13(3)).*

[4] *In addition to CPD on insurance business, ethics and legislation, Agents may undergo CPD in other areas relevant to the business they carry on (e.g. training on sales and customer relations, new technological developments, etc.)*

AGENT CHECKLIST

TO BE COMPLETED BY APPLICANT

SUPPORTING DOCUMENTS: **SUBMITTED**

1. PERSONAL QUESTIONNAIRE DECLARATION FORM ☐
2. POLICE CERTIFICATE OF CHARACTER (ORIGINAL/CERTIFIED) ☐
3. PROOF OF QUALIFICATIONS/EXEMPTIONS ☐
4. CONTRACT OF EMPLOYMENT WITH AGENCY ☐
5. COPY OF PHOTO IDENTIFICATION (VALID & READABLE) (CERTIFIED) ☐
6. CPD RETURN (WHERE APPLICABLE) ☐
7. NOTICE OF TERMINATION (WHERE APPLICABLE) ☐
8. PROOF OF PAYMENT OF APPLICABLE FEE ($1,000.00) ☐
9. CURRICULUM VITAE (SIGNED & DATED) ☐
10. WRITTEN EXPLANATION FOR FAILING TO SUBMIT AN APPLICATION FOR RENEWAL WITHIN/NOT LATER THAN TWENTY (20) BUSINESS DAYS ☐

The Company verifies that due diligence[5] was conducted and all questions on the application form were completed. ☐

Imprint the Stamp of Agency

Name of the Applicant (Block Letters):

Signature ---------- Date

Name of the CEO/Managing Director of the Agency (Block Letters):

Signature ---------- Date ----------
(mm/dd/yyyy)

[5] *Due Diligence - the agency confirms that to the best of their knowledge they have conducted the requisite searches and the ~~applicant does not have~~ any past or pending criminal charges.*