



## APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION AS AN AGENT /AGENCY

(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) hereby apply for the renewal of the Certificate of Registration described herein on behalf of

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an Insurance Agent named as \_\_\_\_\_

BLOCK LETTERS

OR

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as an Agency registered as \_\_\_\_\_

BLOCK LETTERS

Current Certificate Number:

\_\_\_\_\_

Length of Current Certificate (yrs.):

1

☐

2

☐

3

☐

Effective Period Issued (mm/dd/yyyy):

\_\_\_\_\_ to \_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Applicant (Individual) \_\_\_\_\_ (mm/dd/yyyy)

OR

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Applicant (for Agency) \_\_\_\_\_ (mm/dd/yyyy)

Position in Agency (MD/CEO/Secretary)

MD

☐

CEO

☐

Secretary

☐

### DIRECTIONS ANSWER ALL QUESTIONS

1. Renewal applications must be submitted to the Central Bank **not later than twenty (20) business days before expiration of issue of the Certificate of Registration**. The Application/ Annual Fee is **\$1,000.00** for Agents and **\$3,500.00** for Agency. If you do not submit your application within that time frame, you must submit a new application for registration.
2. Where a company wishes to be registered as an agency of more than one insurer in accordance with section 129(3), section 111(3) requires that a separate application must be made in respect of each insurer.
3. The Agency and Insurer must ensure that audited financial statements have been submitted within the requisite timeframe in accordance with section 136 of the Insurance Act, 2018, before submitting the renewal form.
4. The Central Bank must be notified of all changes in the following particulars within five (5) business days of the change: home/registered address, directors and secretary (in the case of an agency) and in any other material changes in the agent/agency's status or particulars contained in the original application for registration.
5. Where an agent or agency enters into a new contract with a relevant registrant, the agent/agency must reapply for registration before carrying on insurance business with that registrant.
6. On expiration of the Agent's employment contract with the Agency (whether through effluxion of time or termination), 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 (See section 123(1) of the Insurance Act, 2018). Non-compliance will lead to a penalty to the Agency pursuant to Schedule 6, Part B, section 123(1) and 254(3) of the Insurance Act, 2018.



## PARTICULARS OF APPLICATION

1. Full Name in Block Letters:

Mr. ☐ / Mrs. ☐ / Ms. ☐ / Dr. ☐ Surname \_\_\_\_\_ First Name \_\_\_\_\_

OR Full Name of Agency: \_\_\_\_\_

2. Address: (Home) \_\_\_\_\_  
(Registered) \_\_\_\_\_

3. Telephone Number:  (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
(For Individuals only)

4. E-mail Address: \_\_\_\_\_ 5. Nationality: \_\_\_\_\_  
(For Individuals only)

**No. 6 applies to Agents only.**

**Instructions for No. 6:** 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 prorated, enclose evidence to support a proration in accordance with regulation 12(3) of the Regulations

6. (a) Have you met the CPD requirements for the period? ☐ Yes ☐ No
- (b) If No, was a prorated CPD granted? ☐ Yes ☐ No
- (c) If Yes, to (a) above, how many credits were earned? ☐ 12 ☐ > 12
- (d) If more than 12, indicate the number of credits carried forward<sup>1</sup> ☐ 1 ☐ 2
- (e) If a prorated CPD was granted, 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<sup>2</sup> (Specify): \_\_\_\_\_ (Minimum 2 hrs.)

**No. 7 to 14 applies to Agencies only.**

7. Name and Registered Address of Agency with which Agent is employed:

<sup>1</sup> Whereas an agent earns CPD 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 Regulation 13(3)).

<sup>2</sup> 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.)



## PARTICULARS OF APPLICATION

8. Name of Insurer with which the Agency named in 7. above is registered:

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9. 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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10. Has the latest Annual Returns for your Agency been filed with the Registrar of Companies?: ☐ Yes ☐ No  
(If Yes, please provide a certified copy of the Agency's Annual Return)  
If No, provide an explanation:

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11. List the Agents who will act in the name of and on behalf of the Agency and their effective dates (Agencies):

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12. List the names of Sales Representatives employed by the Agency and their effective dates:

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13. Have there been any changes in the directorship at your agency?  
If yes, state, name, dates of change and reason for change and provide a copy of the notice of change of directors filed with the Registrar of Companies:

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14. Name of Insurer for which the applicant is registered as an Agency:

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Address of Insurer

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15. Have there been any other changes in the particulars of your last application? ☐ Yes ☐ No  
If Yes give details:

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## PARTICULARS OF APPLICATION

**Instructions for No. 16:** The Managing Director/CEO of the Insurer must have the appropriate delegation/authority from the Board of Directors of the Insurer in relation to Agency matters 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.

16. Endorsement of Insurer:



**Imprint the Stamp of Insurer**

Signature of Managing Director/  
CEO of Insurer

Date  
(mm/dd/yyyy)

Name  
(BLOCK LETTERS)

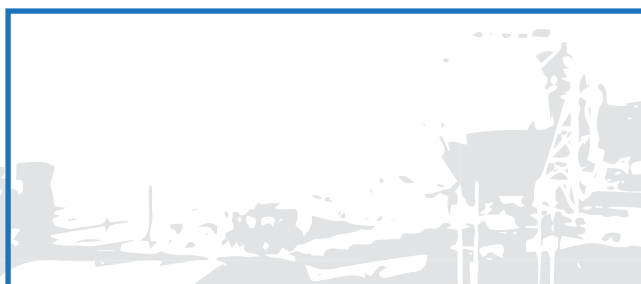
### Instructions for No. 17:

If the Agency is the applicant –

- (a) the signature of an Agent need not be included; and
- (b) the Managing Director/CEO must have the appropriate delegation from the Board of Directors of the Agency to sign and stamp this form. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.

For Agent renewal applications, 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.

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



**Imprint the Stamp of Agency**

Signature of Managing Director /  
CEO of Agency

Date  
(mm/dd/yyyy)

Name  
(BLOCK LETTERS)

Signature of Agent Applicant

Date  
(mm/dd/yyyy)

Name  
(BLOCK LETTERS)



## AGENT CHECKLIST (INDIVIDUAL)

### TO BE COMPLETED BY APPLICANT

#### SUPPORTING DOCUMENTS:

1. CPD RETURN
2. PROOF OF PAYMENT OF APPLICABLE FEE (\$1,000.00)
3. ALL QUESTIONS ON THE APPLICATION ARE COMPLETED

#### SUBMITTED

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☐  
☐

The Agency verifies that due diligence was conducted and all questions on the application form were completed.

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**Imprint the Stamp of Agency**

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

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

Name of Agent (Block Letters):

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



## AGENCY CHECKLIST (COMPANY)

### TO BE COMPLETED BY APPLICANT

#### SUPPORTING DOCUMENTS:

1. ANNUAL RETURN
2. AUDITED FINANCIAL STATEMENTS
3. PROOF OF PAYMENT OF APPLICABLE FEE (\$3,500.00)
4. PQD FOR DIRECTORS ( WHERE APPLICABLE)

#### SUBMITTED

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The Insurer verifies that due diligence was conducted and all questions on the application form were completed.

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Imprint the Stamp of Insurer

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

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

Imprint the Stamp of Agency

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

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