



APPLICATION FOR REGISTRATION AS A SALES REPRESENTATIVE

(Sections 110 to 124)

The Insurance (Intermediaries) Registration Regulations, 2020 ("Regulations")

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

I, _____ ("the Applicant") hereby apply for registration to carry on the business of an Insurance Sales Representative in respect of the class(es) of Insurance business stated in section B herein.

- ☐ First Application for Registration.¹
- ☐ Application for Re-Registration, where a Sales Representative 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 "Class/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 Applicant.
(b) The application form must be signed by the Chief Executive Officer/ Managing Director and the Secretary of the Insurer/ Brokerage/ Agency. All certification should be conducted by the Officers identified above.
(c) The Applicant must sign again 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 individual Sales Representative application;
 - ☐ Personal Questionnaire and Declaration Form;
 - ☐ Copy of Employment Contract with the Insurer/ Brokerage/Agency;
 - ☐ 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 a valid form of photo identification (DP, PP, and National ID) (**certified**);
 - ☐ Curriculum Vitae (signed and dated);
 - ☐ Proof of qualifications (where applicable):
 - (a) Passing examinations for the relevant class(es) of insurance business or claim to exemption from examinations with supporting evidence²
 - (b) Filing of Continuous Professional Development (CPD) Returns (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); and
 - ☐ Notice of Termination from previous Insurer/Brokerage/Agency (where applicable).
4. On expiration or termination of a Sales Representative's employment contract, a Notice of Termination must be issued 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 Insurer/Brokerage/Agency.

¹ The first application for registration refers to the initial application a person submits to be registered as a Sales Representative with an Insurer/ Broker/Agent or when applying to be registered with a new insurer or agency or brokerage for a new class or type of insurance business.

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



APPLICATION FOR REGISTRATION AS A SALES REPRESENTATIVE

5. The Central Bank must be notified of all changes in home address and any material changes in the registration particulars within five (5) business days of the change.
6. An individual shall not be registered as a Sales Representative with more than one brokerage at any particular time: section 112(3) of the Insurance Act, 2018.
7. Where an individual wishes to be registered as a Sales Representative of more than one insurer or agency, the provisions of section 129 (3) shall apply mutatis mutandis and the individual shall make a separate application in respect of each Insurer or Agency: section 112(5) of the Insurance Act, 2018. This registration must be in respect of a different class of insurance business from the applicant's original registration as a Sales Representative: section 112(2) of the Insurance Act, 2018.



PARTICULARS OF APPLICATION

A. PERSONAL PARTICULARS OF APPLICANT

1 Full Name of Applicant in Block Letters:

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

2. Address: Home: _____

Mailing (if 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 ☐
If so, give the name and address of the Association.

Name: _____

Address: _____

B. PARTICULARS OF REGISTRATION

11. 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. 12: This question only applies to Sales Representatives who are applying to be registered under a new class/type of insurance business and/or with a new Insurer/Brokerage/Agency³, or after having missed the deadline to submit an application for renewal of registration, who are required to submit a new application. This question does not require a repeat of your answers to question 11.

12. Other Class/Classes of and/or type of Insurance Business in respect of which you are now, or were previously registered as a Sales Representative.

³ Subject to the restrictions in section 112 and the process in 129(3).



PARTICULARS OF APPLICATION

13. Details of any previous registration that has expired, was terminated or revoked, including the reasons for termination or revocation and the effective date(s). Kindly attach Notices of Termination.

C. QUALIFICATION AND EXPERIENCE

14. (a) List all qualifications in your Curriculum Vitae and attach copies of the supporting documents.

(b) Furnish on a separate sheet full details of your experience as a Sales Representatives giving dates and the name of the firms or company in which you were registered as a Sales Representative.

(c) Date of examination: _____ (mm/dd/yyyy)

☐

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 (Provide a copy of your exemption letter from the Trinidad and Tobago Insurance Institute).

15. (a) Name of Insurer, Brokerage or Agency with whom the Applicant is employed at the time of the application and who is giving the endorsement at item 16 below.

(b) Address of Insurer, Brokerage or Agency.

(c) Endorsement of Insurer or Brokerage or Agency.

Instructions for No. 16: The Insurer/Brokerage/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.

16. We certify that the Applicant is employed with the above named Insurer/Brokerage/Agency (at #15) which has been registered under the Insurance Act, 2018 to carry on the classes of insurance business listed herein.



Imprint the Stamp of Insurer/Brokerage/Agency

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

Signature: _____ Date: _____
(mm/dd/yyyy)

Name of Secretary of Insurer/Brokerage/Agency (Block Letters):

Signature of Applicant

Date: _____
(mm/dd/yyyy)

Signature: _____ Date: _____
(mm/dd/yyyy)



PARTICULARS OF APPLICATION

D. GENERAL INFORMATION

17. Are you registered as an insurance consultant? Yes ☐ No ☐

18. Are you a significant or controlling shareholder, director, officer or an employee of an agency, brokerage or insurer?

Yes ☐ No ☐

If Yes, give details.

19. Will you act part time as a Sales Representative? Yes ☐ No ☐

If Yes, give details of other employment.

Instructions for No. 20: 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 Insurer/Brokerage/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

E. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

20. 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 being carried forward.⁴ ☐ 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 ⁵ (Specify): | ----- | (Minimum 2 hrs.) |

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

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

Signature of Applicant: -----

⁴ Where a Sales Representative 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)).

⁵ In addition to CPD, on insurance business, ethics, and legislation a Sales Representative 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.)

SALES REPRESENTATIVE CHECKLIST

TO BE COMPLETED BY APPLICANT

SUPPORTING DOCUMENTS:

1. PERSONAL QUESTIONNAIRE DECLARATION FORM
2. POLICE CERTIFICATE OF CHARACTER (ORIGINAL/CERTIFIED)
3. PROOF OF QUALIFICATIONS/EXEMPTIONS
4. PROOF OF PAYMENT OF APPLICATION FEE (\$1,000.00)
5. CURRICULUM VITAE (SIGNED & DATED)
6. COPY OF PHOTO IDENTIFICATION (VALID, READABLE & CERTIFIED)
7. EMPLOYMENT CONTRACT
8. CPD RETURN
9. NOTICE OF TERMINATION (WITH ORIGINAL CERTIFICATE)
10. WRITTEN EXPLANATION FOR LATE OR NON RENEWAL (RE REGISTRATIONS ONLY)
11. OTHER

SUBMITTED

Signature: _____ Date: _____
APPLICANT (mm/dd/yyyy)

The company verifies that due diligence⁶ was conducted and all questions on the application form were completed.

COMPANY STAMP: _____
(INSURER/BROKERAGE/AGENCY)

SIGNATURE CEO/
Managing Director of
Insurer/Brokerage/ Agency

Date: _____
(mm/dd/yyyy)

Name in **BLOCK LETTERS**.

⁶ Where a Sales Representative 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)).