



# CENTRAL BANK OF TRINIDAD & TOBAGO

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December 20, 2022

Circular Letter to:

*Insurance Companies Registered under Insurance Act, 2018*  
*Insurance Companies Registered under Insurance Act, 1980*  
*The Association of Trinidad and Tobago Insurance Companies (ATTIC)*  
*Trinidad and Tobago Association of Insurance Financial Advisors (TTAIFA)*  
*Insurance Brokers Association of Trinidad and Tobago (IBATT)*

**REF: CB-OIFI-2914/2022**

## **SECTION 115(2) OF THE INSURANCE ACT, 2018** **Personal Liability - Placement of insurance business with a foreign insurer**

Consequent to the commencement of the Insurance Act, 2018, the Central Bank of Trinidad and Tobago (the Central Bank) refers to the subject at caption and advises that a disclosure form for use by intermediaries when they propose to place insurance business with insurers registered outside of the jurisdiction of Trinidad and Tobago has been developed.

Registered persons are asked to note Section 115 of the Act, which states:

- (1) An intermediary is personally liable to a policyholder on all contracts of insurance -
  - (a) made by, or through him directly or indirectly with any company which is not registered in Trinidad and Tobago or elsewhere to carry on insurance business; or
  - (b) unlawfully made by, or through him directly or indirectly with an insurer or foreign insurance company, in the same manner as if the intermediary had been an insurance company.
- (2) Where an intermediary proposes to place insurance business with a foreign insurance company, the intermediary shall disclose this information to the consumer and receive the signed authorization of the consumer in a form approved by the Central Bank.
- (3) An intermediary which places business with a foreign insurance company shall comply with such reporting requirements as may be specified by the Central Bank.
- (4) An intermediary who contravenes subsection (2) or (3) commits an offence and is liable on summary conviction to a fine of one hundred and fifty thousand dollars.

We now append a copy of the said form for your attention. In addition, the form will be posted to the Central Bank's website at <https://www.central-bank.org.tt/core-functions/supervision/insurance-sector/insurance-sector-circular-letters> in an electronically fillable format and can be downloaded.

Yours sincerely

Patrick Solomon

**INSPECTOR OF FINANCIAL INSTITUTIONS**



**SECTION 115(2) OF THE INSURANCE ACT, 2018**

**Placement of insurance business (Risk) with an insurer carrying on business  
outside of the jurisdiction of Trinidad and Tobago (Foreign Insurer)**

<b>INTERMEDIARY NAME AND CERTIFICATE NUMBER:</b>	
<b>LOCAL CLIENT'S NAME:</b>	
<b>LOCAL CLIENT'S ADDRESS:</b>	
<b>TRANSACTION TYPE:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Renewal / New Business / Extension / Public Tender / Private Tender
<b>RISK TO BE PLACED:</b>	
<b>FOREIGN INSURANCE COMPANY/UNDERWRITER:</b>	
<b>ADDRESS:</b>	
<i>Jurisdiction of Domicile (Not prohibited by AML/CFT sanctions):</i>	
<i>Licensed and Regulated by:</i>	
<i>Certificate of Registration No.:</i>	
<i>Other Due Diligence (e.g. Rating Agency's Grade, Capital, Technical Capacity):</i>	
<b>POLICY NUMBER/TYPE:</b>	
<b>OTHER POLICY DETAILS:</b>	
<b>SUM INSURED:</b>	
<b>PREMIUM &amp; CURRENCY:</b>	

**Intermediary Declaration:**

**We, (Name of Intermediary) \_\_\_\_\_ hereby  
propose that the risks referred to above be placed with (Name of Foreign Insurance  
Company/Underwriter)\***

\_\_\_\_\_ **after conducting our due diligence.**

**This proposal can only be varied by written cancellation or presentation of a new form.**

**Company's Name:** \_\_\_\_\_

**Client Declaration:**

**I/We (Name of Client) \_\_\_\_\_ of \_\_\_\_\_  
understand that my appointed intermediary (Name of Intermediary) \_\_\_\_\_**

**proposes to place the above-mentioned risk with (Name of Foreign Insurance Company/Brokerage)  
\_\_\_\_\_ which is not registered to conduct insurance**

**business in Trinidad and Tobago.**

**I agree and instruct (Name of Intermediary ) \_\_\_\_\_ to proceed  
in placing the risks as proposed above.**

**Company's Name:** \_\_\_\_\_

**Signature/Position/Company's Stamp: \_\_\_\_\_ Date: \_\_\_\_\_**

*\*Does not include Lloyd's, its agents, cover holders or any of its constituent underwriters.*