

FIRST SCHEDULE

FORM 2

No.

Date Received



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

APPLICATION FOR REGISTRATION AS BROKER

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 broker in respect of the class/classes of insurance business stated in section B* or G herein.

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

The documents listed in Direction No. 7 on page 2 are attached.

Signature of Applicant

Title

Date

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 H, item 27.
3. 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.
4. The term "Class/Classes of Insurance business" means the classes of Insurance business listed in the First Schedule to the Insurance Act, Chap. 84: 01.
5. "Controller" has the same meaning as in the Insurance Act, Chap. 84: 01.

6. "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.
7. This application must be accompanied by-
 - (a) The receipt obtained from the Central Bank on payment of the registration fee.
 - (b) Proof of professional indemnity insurance cover in force of not less than five million dollars (\$5,000,000) T.T.
 - (c) The audited accounts 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).

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

Indicate by a tick in the appropriate box the:

6. Class/classes of insurance business in respect of which this application for registration is made.

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

C—QUALIFICATION AND EXPERIENCE

10. Give full details of your qualifications (*forward copies of certificates*).
11. Furnish on a separate sheet-
 - (a) Full details of your experience as an insurance broker indicating the firm/company in which you were employed with dates of employment and class/classes of insurance business transacted certified by the Chief Executive of the firm/company.
 - (b) Any experience in insurance business other than broker with dates.

D—GENERAL INFORMATION

- 12. Are you a director, officer or employee of an insurance company? Give details.
- 13. Do you hold shares in an insurance company or in any company which is an agent of an insurance company? Give details.
- 14. Have you entered into any agreement with any other person carrying on insurance business relating to the preferential offer of insurance business? Give details and attach a copy of each such agreement.
- 15. Are you an undischarged bankrupt? If so, have you leave to carry on the business of insurance broker by the court by which you were adjudged bankrupt?
- 16. Are you a member of a brokers' association or other professional body? If so state the name and address of the body.

E—DETAILS OF PROFESSIONAL INDEMNITY INSURANCE

- (a) Underwriter
- (b) Policy No (c) Renewal date
- (d) Limit of Indemnity (e) Excess
(Attach copy of Policy)

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

PART II

(Applicable to a firm/company)

F—PARTICULARS OF THE FIRM/COMPANY

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

G—PARTICULARS OF BUSINESS

Indicate by a tick in the appropriate box the

21. 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"/> |

22. Other class/classes of insurance business in respect of which the firm/company is now registered.

- 23. Is the firm/company registered or has it applied for registration as an agent?
- 24. Details of any previous registration which was cancelled including reason for cancellation.
- 25. Details of any agreement with any other person carrying on insurance business relating to the preferential offer of insurance business into which the firm/company has entered. Forward a copy of each such agreement.
- 26. Date on which financial year ends

H—PERSONAL PARTICULARS OF DIRECTORS, CONTROLLERS AND PARTNERS

- 27. In respect of each of the following give the particulars required by (a) to (j) below:
 - (i) Directors.
 - (ii) Controllers.
 - (iii) Managers and other senior officials authorized to transact insurance business in the name of the company/firm.
 - (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 broker by the court by which he was adjudged bankrupt.
 - (h) Details of shares held in any insurance company or a company which is an agent of an insurance company.
 - (i) Details of training and experience.
 - (j) Whether each partner is registered as an insurance broker or has applied for such registration.
- 28. The name of the executive director who will manage the company and whether he is a registered broker or has applied for such registration.
- 29. The officer or officers to be specified in the Certificate of Registration of the company (See Direction No. 6).

I—DETAILS OF PROFESSIONAL INDEMNITY INSURANCE: -

- (a) Underwriter
- (b) Policy No. (c) Renewal date
- (d) Limit of Indemnity (e) Excess

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

Signature.....	Signature
Title.....	Title.....
Signature	Indicate official designation (See Direction No. 3)
Title.....	