

REGISTRATION CHECK LIST

FOR AN INDIVIDUAL AGENT

NAME OF PERSON:

ΤY	PE OF INSURANCE:	g Term	□General	
		Prepared	Checked	Authorised
1.	Is the application done on the prescribed form?			
2.	Are there responses to all the questions in Part I of the application form and was the application form signed by the applicant?			
3.	Are the classes of business identified in response to question No.6 of the application form consistent with the insurer's registration certificate?			
4.	Has the application been certified by the insurer on behalf of whom the agent will act ¹ ?			
5.	FEES			
	Has the fee been paid			
	Date of Receipt			
	Is the CB 16 receipt attached?			
	Amount of Fee Paid			
	Is the fee correct? ²			

 ¹ Regulation 6(1) of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations
² Second Schedule of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations. Fees are non-refundable and non- transferrable.

	DOCUME	INTS TO				
	ACCOMPANY APPLICATION FORM					
		Prepared	Checked	Authorised		
6.	Is a certified, signed copy of the agency agreement submitted as well as any agreement relating to commissions and other remuneration payable in respect of the agency? ³					
	Where the applicant was previously de-registered by the Central Bank, has a letter been provided by the insurer stating that the terms and conditions of the existing contract remain unaltered?					
7.	Is proof submitted of a 70% passing grade in the					
	State Licensing Examination for the class of					
	insurance for which the applicant has applied					
	OR					
	An exemption letter from the Trinidad and Tobago Insurance Institute (TTII) indicating that the applicant is not required to sit the State License examination.					
8.	A Certificate of Character issued within the last					
	six months by the Trinidad and Tobago Police Service.					
9.	A photocopy of a valid photo ID. The photocopy must be easy to read and the photo of the applicant must be clearly identifiable.					
10	A signed and completed Personal Questionnaire and Declaration form applicable to insurance salesmen and agents.					

³ Regulation 4(2) of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations.

ADDITIONAL DOCUMENTS TO ACCOMPANY APPLICATION FORM						
11. A Form 1 Notice of Termination of Agency						
Contract ⁴ should accompany the application where						
an applicant was employed by another insurer						
within the last year.						
12. Where the applicant was de-registered by the						
Central Bank and is now reapplying, were three						
copies of the audited accounts submitted within						
six months of the close of the financial year ⁵ ?						
13. Are the accounts audited by a member of the						
Institute of Chartered Accountants of Trinidad and						
Tobago ⁶						
(i) Does the audit certificate ⁷ state whether or						
not:						
(a) The books of accounts have been properly						
kept;						
(b) The balance sheet and profit and loss						
account present fairly the state of the						
agent's affairs at the end of the financial						
period to which they relate;						
(c) The agent has satisfied the requirements						
of Regulations 12 and has presently paid						
over all moneys received for an insurer or						
an insured as the case may be, during the						
period to which the accounts relate.						

Checked by:

 ⁴ Section 99 of the Act.
⁵ Regulation 13 of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations
⁶ Section 59 of the Insurance Act Chapter 84:01

⁷ Regulation 14 (2) of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations

NAME OF MANAGER (for insurance intermediaries)

Signature of Manager (for insurance intermediaries)

AFFIX COMPANY STAMP

Date.....