



**REGISTRATION CHECKLIST
FOR AN AGENCY**

NAME OF AGENCY:

NAME OF PRINCIPAL:

TYPE OF INSURANCE: Long Term General

A. SUBMISSIONS

	Prepared	Checked	Authorised
1. Is the application done on the prescribed form? ¹			
2. Are there responses to all the questions in Part II of the application form?			
3. Is the Certification at the end of the application form stamped and signed by at least two directors of the company and by the Manager or Secretary?			
4. Are the classes of business identified in response to question 22 consistent with the insurer's registration certificate?			
5. Has the application been certified by the insurer on behalf of whom the agent will act? ²			
6. FEES Has the fee been paid Date of Receipt			
Is the CB 16 receipt attached?			
Amount of Fee Paid			
Is the fee correct? ³			

¹ Section 89 of the Insurance Act, Chapter 84:01 (the Act)

² Regulation 6(1) of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations

³ Second Schedule of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations.

Fees are non-refundable and non transferrable.

	Prepared	Checked	Authorised
DOCUMENTS TO ACCOMPANY APPLICATION FORM			
7. 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? ⁴			
8. Where the applicant was 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?			
9. Is proof 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 provided?			
10. Are each of the persons managing or controlling the body a fit and proper person to carry on such business ⁵ ? (i) NAME OF PRINCIPAL AGENT ✓ Personal Questionnaire and Declaration ✓ Examination results (where applicable) ✓ Valid certificate of character ✓ Copy of valid photo identification (ii) NAME OF DIRECTOR (1) ✓ Personal Questionnaire and Declaration ✓ Examination results (where applicable) ✓ Valid certificate of character ✓ Copy of valid photo identification			

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

⁵ S91(2)(g)

	Prepared	Checked	Authorised
<p>(iii)NAME OF DIRECTOR (II)</p> <ul style="list-style-type: none"> ✓ Personal Questionnaire and Declaration ✓ Examination results (where applicable) ✓ Valid certificate of character ✓ Copy of valid photo identification 			
<p>11. Are signed copies of the following incorporation documents enclosed?-</p> <ul style="list-style-type: none"> • Notice of Directors/Notice of Change of Directors⁶ • Notice of Secretary/Assistant Secretary⁷ • Articles of Incorporation • Certificate of Incorporation • By-laws 			
<p>ADDITIONAL DOCUMENTS</p> <p>TO ACCOMPANY APPLICATION FORM</p>			
<p>12. A Form 1 Notice of Termination of Agency Contract⁸ should accompany the application where an applicant was employed by another insurer within the last year.</p>			

⁶ These documents should be as at the most recent financial year end of the agency

⁷ These documents should be as at the most recent financial year end of the agency

⁸ Section 99 of the Act.

	Prepared	Checked	Authorised
<p>13. 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 year⁹?</p> <p>14. Are the accounts audited by a member of the Institute of Chartered Accountants of Trinidad and Tobago¹⁰</p> <p>Does the audit certificate ¹¹state whether or not:</p> <p>(a) The books of accounts have been properly kept;</p> <p>(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;</p> <p>(c) The agent has satisfied the requirements of Regulation 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.</p>			

Checked by:

NAME OF MANAGER (for insurance intermediaries)

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Signature of Manager (for insurance intermediaries)

AFFIX COMPANY STAMP

Date.....

⁹ Regulation 13 of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations

¹⁰ Section 59 of the Insurance Act Chapter 84:01

¹¹ Regulation 14 (2) of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations