



**REGISTRATION CHECK LIST
FOR A SALESMAN**

NAME OF SALESMAN:

NAME OF INSURANCE COMPANY/ AGENCY:

TYPE OF INSURANCE:

Long Term

General

SUBMISSIONS	Prepared	Checked	Approved
1. Is the application done on the prescribed form? ¹			
2. Are there responses to all questions on the application form and was the application form signed by the applicant?			
3. Are the classes of business identified in response to question 6 of the application form consistent with the insurer's / agent's registration certificate?			
4. Has the application been certified by the insurer on behalf of whom the salesman will act? ² OR Has the application been certified by the agent on behalf of whom the salesman will act?			
5. 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(2) of the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations.

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

6. Does the response to question 8 account for 10 consecutive years of employment and correspond to details in Appendix PQD/question 8			
DOCUMENTS TO ACCOMPANY APPLICATION FORM			
7. Form 3 Notice of Salesman contract signed by an officer of the insurer ⁴			
8. Proof of a 60% 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.			
9. A Certificate of Character issued within the last six months by the Trinidad and Tobago Police Service.			
10. A photocopy of a valid photo ID. The photocopy must be easy to read and the photo of the applicant must be clearly identifiable.			
11. A signed and completed Personal Questionnaire and Declaration form applicable to insurance salesmen and agents.			
ADDITIONAL DOCUMENTS TO ACCOMPANY APPLICATION FORM			
12. A Form 2 Notice of Termination of Salesman Contract ⁵ should accompany the application where an applicant was employed by another insurer within the last year.			
13. The unexpired, original Certificate of Registration			

⁴ Section 99 (2) of the Act.

⁵ Section 99 of the Act.

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Checked by:

NAME OF MANAGER (for insurance intermediaries)

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Signature (Manager for insurance intermediaries)

AFFIX COMPANY STAMP

Date.....