



## APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION AS AN INSURANCE BROKER /BROKERAGE

(Sections 110 to 124)

The Insurance (Intermediaries) Registration Regulations, 2020 ("Regulations")

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO ("the Central Bank")

I, \_\_\_\_\_ (BLOCK LETTERS) hereby apply for the renewal of the Certificate of Registration described herein on behalf of

☐ an Insurance Broker named as \_\_\_\_\_  
BLOCK LETTERS

☐ as an Insurance Brokerage registered as \_\_\_\_\_  
BLOCK LETTERS

Current Certificate Number:

\_\_\_\_\_

Length of Current Certificate (yrs.) :

1 ☐ 2 ☐ 3 ☐

Effective Period Issued (mm/dd/yyyy):

\_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant (Broker) (mm/dd/yyyy)

I enclose the official original receipt CB 16 dated

\_\_\_\_\_ (mm/dd/yyyy)

Date: \_\_\_\_\_

Signature of Applicant (for Brokerage) (mm/dd/yyyy)

in the amount of \$ \_\_\_\_\_ as evidence  
of payment of the prescribed fee.

Position in Brokerage (MD/CEO)

MD ☐ CEO ☐

### DIRECTIONS ANSWER ALL QUESTIONS

1. Renewal applications must be submitted to the Central Bank of Trinidad and Tobago not later than twenty (20) business days before the expiration of the certificate of registration; the application/annual fee is **\$3,500.00 for Brokers and \$6,500.00 for Brokerages. If you do not submit your application within that time frame, you must submit a new application for registration.**
2. The Brokerage must ensure that audited financial statements have been submitted within the requisite timeframe, before submitting the renewal form in accordance with section 136 of the Insurance Act, 2018;
3. The Central Bank must be notified of all changes in the following particulars within five (5) business days of the change: home/registered address, directors and secretary and any other material changes in the broker/brokerage's status or particulars contained in the original application for registration;
4. On expiration of a Salesman's/Broker's employment contract with the Brokerage (whether through effluxion of time or termination), a Notice of Termination must be submitted within five (5) business days of the effective date along with the original Certificate of Registration to the Central Bank. Non- compliance will lead to a penalty to the brokerage pursuant to section 123(1) of the Insurance Act, 2018.

<sup>1</sup> The first application for registration refers to the initial application a person submits to be registered as a broker when applying to be registered with a new brokerage and/or for a new class or type of insurance business



## PARTICULARS OF APPLICATION


### A. PERSONAL PARTICULARS OF APPLICANT

1 Full Name in Block Letters:

Mr. ☐ / Mrs. ☐ / Ms. ☐ / Dr. ☐ Surname \_\_\_\_\_ First Name \_\_\_\_\_

**OR** Full Registered Name of Brokerage:

2. Address: (Home) \_\_\_\_\_  
(Registered) \_\_\_\_\_

3. Telephone Number:  (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
(For Individuals only)

4. E-mail Address: \_\_\_\_\_

### B. PARTICULARS OF REGISTRATION

**Nos. 5 and 6 applies to Brokers only.**

**Instructions for No. 5:** Please enclose CPD return and the written verification from the approved educational institution with this application for renewal of registration. The CPD return must be endorsed by the Brokerage with which you are employed. If your CPD hours were prorated, enclose evidence to support a proration in accordance with regulation 12(3) of the Regulations

5. (a) Have you met the CPD requirements for the period? ☐ Yes ☐ No
- (b) If No, to (a) above) was a prorated CPD granted? ☐ Yes ☐ No
- (c) If Yes, to (a) above, how many credits were earned? ☐ 12 ☐ >12
- (d) If more than 12, indicate the number of hours carried forward<sup>2</sup> ☐ 1 ☐ 2
- (e) If a prorated CPD was granted, indicate the name of the Approved Educational Institute(s) and the reason for prorating.

(f) Indicate the CPD points earned in the following areas:

- Insurance Business \_\_\_\_\_ (Minimum 4 hrs.)
- Ethics \_\_\_\_\_ (Minimum 4 hrs.)
- Laws and Regulations \_\_\_\_\_ (Minimum 2 hrs.)
- Other (Specify) \_\_\_\_\_ (Minimum 4 hrs.)

6. Are you a significant or controlling shareholder, director, officer or other<sup>3</sup> employee of an insurer? ☐ Yes ☐ No

If Yes give details: \_\_\_\_\_

<sup>2</sup> Whereas a broker earns CPD in excess of the minimum yearly requirement referred to in regulation 12(1) of the Regulations, up to two of the excess CPD hours may be carried into the following CPD year. (See Regulation 13(3)).

<sup>3</sup> In addition to CPD, on insurance business, ethics, and legislation a Broker may undergo CPD in other areas relevant to the business they carry on (e.g. training on sales and customer relations, new technological developments etc.



## PARTICULARS OF APPLICATION

Instructions for Nos. 7, 8, 9 and 10: Apply to Brokerages only:

7. Has the latest Annual Returns for your Brokerage been filed with the Registrar of Companies?: ☒ Yes ☐ No  
(If Yes, please provide a certified copy of the Brokerage's Annual Return)

If No, provide an explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List the Brokers who will act in the name of and on behalf of the Brokerage and their effective dates:

Broker's Name	Effective Date

9. List the names of Sales Representatives employed by Brokerage and their effective dates:

Sales Representative's Name	Effective Date

10. Have there been any changes in the directorship at your brokerage?  
If yes, state, name, dates of change and reason for change and provide a copy of the notice of change of directors filed with the Registrar of Companies:

Director's Name	Effective Date	Reason for Change



## PARTICULARS OF APPLICATION

### C DETAILS OF PROFESSIONAL INDEMNITY INSURANCE

11. (a) Underwriter

(b) Policy No ..... (c) Renewal date .....

(d) Limit of Indemnity ..... (e) Excess .....  
(Attach copy of policy)

12. Have there been any other changes in the particulars of your last application? ☐ Yes ☐ No

If Yes give details.

.....  
.....

**Instructions to No 13:** If the Brokerage is the applicant –

- (a) the signature of a Broker need not be included, unless he is the Managing Director/CEO; and
- (b) the Managing Director/CEO must have the appropriate delegation from the Board of Directors of the Brokerage to sign and stamp this form. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.
- (c) For broker renewal applications, the brokerage, through its Managing Director/CEO on behalf of the Board of Directors, must have the appropriate delegation or authority to endorse this application by signing and stamping this form. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.

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

Date .....  
(mm/dd/yyyy)

Signature of Applicant .....

Name of Managing Director/CEO of Brokerage (Block Letters): .....

Signature ..... Date .....  
(mm/dd/yyyy)

Name of Secretary of the Brokerage (Block Letters): .....

Signature ..... Date .....  
(mm/dd/yyyy)

**Imprint the Stamp of Brokerage**





## BROKERAGE CHECKLIST

### TO BE COMPLETED BY APPLICANT

#### SUPPORTING DOCUMENTS:

1. AUDITED FINANCIAL STATEMENTS (*where applicable*)
2. ANNUAL RETURN
3. PROOF OF PAYMENT OF APPLICABLE FEE (\$6,500.00)
4. DUE DILLIGENCE CONDUCTED
5. ALL QUESTIONS ON THE APPLICATION ARE COMPLETED

#### SUBMITTED

☐  
☐  
☐  
☐  
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## BROKER CHECKLIST

### TO BE COMPLETED BY APPLICANT

#### SUPPORTING DOCUMENTS:

1. CPD RETURN (BROKER)
2. PROFESSIONAL INDEMNITY
3. PROOF OF PAYMENT OF APPLICABLE FEE (\$3,500.00)

#### SUBMITTED

☐  
☐  
☐

The brokerage verifies that due diligence was conducted and all questions on the application form were completed.

☐

Name of the Broker (Block Letters):

Signature

Date

(mm/dd/yyyy)

Name of the CEO/Managing Director of the Brokerage

Signature

Date

(mm/dd/yyyy)

Imprint the Stamp of Brokerage