



SECTION 115(2) OF THE INSURANCE ACT, 2018

Placement of insurance business (Risk) with an insurer carrying on business
outside of the jurisdiction of Trinidad and Tobago (Foreign Insurer)

INTERMEDIARY NAME AND CERTIFICATE NUMBER:	
LOCAL CLIENT'S NAME:	
LOCAL CLIENT'S ADDRESS:	
TRANSACTION TYPE:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Renewal / New Business / Extension / Public Tender / Private Tender
RISK TO BE PLACED:	
FOREIGN INSURANCE COMPANY/UNDERWRITER:	
ADDRESS:	
<i>Jurisdiction of Domicile (Not prohibited by AML/CFT sanctions):</i>	
<i>Licensed and Regulated by:</i>	
<i>Certificate of Registration No.:</i>	
<i>Other Due Diligence (e.g. Rating Agency's Grade, Capital, Technical Capacity):</i>	
POLICY NUMBER/TYPE:	
OTHER POLICY DETAILS:	
SUM INSURED:	
PREMIUM & CURRENCY:	

Intermediary Declaration:

We, (Name of Intermediary) _____ hereby
propose that the risks referred above be placed with (Name of Foreign Insurance Company/Underwriter)*
_____ after conducting our due diligence.

This proposal can only be varied by written cancellation or presentation of a new form.

Company's Name: _____

Signature/Position/Company's Stamp: _____ Date: _____

Client Declaration:

I/We (Name of Client) _____ of _____
understand that my appointed intermediary (Name of Intermediary) _____
proposes to place the above-mentioned risk with (Name of Foreign Insurance Company/Brokerage)
_____ which is not registered to conduct insurance
business in Trinidad and Tobago.

I agree and instruct (Name of Intermediary) _____ to proceed
in placing the risks as proposed above.

Company's Name: _____

Signature/Position/Company's Stamp: _____ Date: _____

**Does not include Lloyd's, its agents, cover holders or any of its constituent underwriters.*