

LEGAL NOTICE No. 121 ✓

REPUBLIC OF TRINIDAD AND TOBAGO

THE INSURANCE ACT, 1980

REGULATIONS

MADE BY THE MINISTER UNDER SECTION 214(1) OF
THE INSURANCE ACT

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND
ADJUSTERS) (REGISTRATION) REGULATIONS, 1982

1. These Regulations may be cited as the Insurance (Agents,
Brokers, Salesmen and Adjusters) (Registration) Regulations, 1982.

Citation

2. In these Regulations—

Definitions

"the Act" means the Insurance Act, 1980;

Act No. 6
of 1980

"approved educational institution" means the institution or
organisation appointed by the Minister to supervise and
administer the examinations required in pursuance of
Part III of the Act;

"Board" means the persons appointed by the Minister to
supervise and administer the examinations required in
pursuance of Part III of the Act;

"controller" has the same meaning as in the Act;

"Minister" means the member of the Cabinet to whom
responsibility for the subject of finance is assigned.

3. Every application for registration under Part III of the Act
shall be made in the appropriate form set out as Form 1, 2, 3, or 4 in
the First Schedule and shall be accompanied by the receipt obtained
from the Comptroller of Accounts upon payment of the prescribed
fees, as set out in the Second Schedule.

Applications
for registra-
tion

First
Schedule
Second
Schedule

4. (1) An application for registration as a broker or agent must
be accompanied by—

Application
for registra-
tion of
insurance
agent and
broker

(a) the audited balance sheet, profit and loss account and
revenue account of the applicant for the financial year
immediately preceding the date of application;

(b) where the applicant is a firm or a partnership, certified
copies of the instrument constituting the firm or partner-
ship as such, and a statement setting out the details of
beneficial shareholding, in the case of a firm, or setting
out full details in respect of the name and business
interests of all the partners, in the case of a partnership.

(2) Where an application is for registration as an agent, the applicant shall submit together with his application form certified copies of his agency agreement and power of attorney as well as any agreement relating to commissions and other remuneration payable to him in respect of his agency.

(3) Where an application is for registration as a broker and—

(a) the applicant is an individual, body corporate or a partnership, proof to the satisfaction of the Supervisor must be submitted that there is in force professional indemnity insurance cover of not less than five million dollars placed with an insurer approved by the Supervisor. The deductible to be applied in respect of any claim should not exceed fifteen thousand dollars;

(b) the applicant is a body corporate or a partnership, the Supervisor must be satisfied that in the case of a body corporate the paid up capital in cash is not less than one hundred thousand dollars and in the case of a partnership, the joint capital account of the partners at the date of application is not less than one hundred thousand dollars.

Registration of partnerships and companies

5. (1) Where the business of broker, agent or adjuster is carried on by a partnership each member of the partnership shall be required to be registered.

(2) Where the business of broker, agent or adjuster is carried on by a partnership and the partnership is terminated before the expiration of the certificate of registration the partners shall forthwith give notice to the Supervisor who shall thereupon cancel the registration.

(3) Where a body corporate applies for registration the company shall specify the managers and or controllers of the company.

(4) The certificate of registration of a body corporate or a partnership shall specify the officer or officers or the partners who may act thereunder in the name of the company or partnership.

(5) A certificate of registration may be cancelled or suspended as to the company or partnership or as to any of the officers or partners named or specified therein.

Application of Agents or Salesmen to be certified

6. (1) Every application for registration of an agent shall be certified by the insurer on behalf of whom the agent will act.

(2) Every application for registration of a salesman shall be certified by the insurer by which or the agent by whom the salesman is employed or contracted at the time of his application.

Application to renew certificates of registration Fourth Schedule

7. An application to renew a certificate of registration issued under section 92 of the Act shall be in the appropriate form set out in the Fourth Schedule as Form 1, 2, or 3. The application shall be accompanied by the receipt obtained from the Comptroller of Accounts upon payment of the prescribed fee and shall be made to the supervisor not later than thirty days before the anniversary date of issue of the certificate.

8. The certificates of registration required by section 92 of the Act and by these Regulations are in the forms set out as Forms 1, 2 and 3 in Part I of the Third Schedule.

Prescribed
Form of
Certificates
of Registration
Third
Schedule

9. The notices required by section 99 of the Act are in the forms set out as Forms 1, 2 and 3 in Part II of the Third Schedule.

Forms of
Notices

10. The Supervisor shall maintain registers of all agents, brokers, salesmen and adjusters to whom certificates of registration have been issued.

Supervisor
to maintain
register

11. Every registered broker shall keep, in relation to insurance placed with him relating to each class or classes of insurance business for which he is registered, monthly accounts showing all receipts and expenses relating to such insurance business, and such accounts shall be completed not later than twenty-one days after the end of the month in respect of which they are prepared.

Monthly
Accounts
of Brokers

12. All registered agents shall keep, as respects policies issued or renewed by them, such monthly records as will enable the amount due to them by their principals or due by them to their principals to be determined, and such records shall be completed not later than twenty-one days after the end of the month in respect of which they are prepared.

Monthly
records of
Agents

13. Within six months of the close of each financial year of a broker, or agent, he shall submit to the Supervisor three copies of the audited accounts, balance sheet and profit and loss account of the brokerage business or agency as the case may be, for that financial year.

Annual
Audited
Accounts
to be
submitted
to
Supervisor

14. (1) The accounts required under regulation 13 shall be audited by an auditor within the meaning of section 59(1)(a) of the Act.

Audit of
accounts of
brokers
and agents

(2) The auditor making the audit shall state in a certificate to the accounts 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 broker's or agent's affairs at the end of the financial period to which they relate;
- (c) the agent or broker, as the case may be, has satisfied the requirements of regulations 11 and 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.

15. (1) The Minister shall appoint either a Board or an educational institution to supervise and administer the examinations referred to in Part III of the Act.

Appoint-
ment of
Examiner

(2) The Board shall consist of not less than five or more than ten members, one of whom shall be the Supervisor or his nominee. The other members shall include persons nominated by insurance associations or organisations recognised as such by the Minister.

(3) Members of the Board shall be appointed for a period of two years and shall be eligible for reappointment.

(4) The approved educational institution shall be appointed for a period of three years in the first instance and shall be eligible for reappointment for further periods of not less than twelve months duration.

Minister
may
authorise

16. The Minister may authorise the amount of remuneration to be paid to the Board or the approved educational institution as the case may be, for the supervision and administration of examinations.

Examina-
tions

17. The Board or approved educational institution shall in consultation with the Supervisor—

- (a) determine the scope and form of examinations necessary to qualify a person to act as or carry on business as an agent, a broker, a salesman or an adjuster; provided however that no examination shall be wholly oral; and
- (b) prescribe the fee payable by a candidate for such examinations.

Frequency
of examina-
tions

18. (1) Examinations shall be held at least once each year.

(2) A candidate for examination may apply to the Supervisor for an examination to be held in respect of any class of insurance business and an examination shall be so held subject to subregulation (3) where at least fifteen candidates have applied and paid the prescribed examination fee.

(3) An examination in respect of a particular class of insurance business shall not be held more than once in three months.

Certifica-
tion

19. (1) Where the examiner is an approved educational institution, there shall be issued to every person who passes the required examination, a certificate to that effect signed by the head of the institution.

(2) Where the examiner is a panel of persons there shall be issued to every person who passes the required examination a certificate to that effect signed by the Supervisor.

Exemption
from
examina-
tions

20. A person who satisfies the Supervisor that he has carried on business as an agent, broker, salesman or adjuster in a particular class of insurance business in an efficient manner for a period of at least three years immediately preceding the commencement of Part III of the Act may be exempted from the examinations referred to in these Regulations.

Application
for renewal
of
certificates
Fourth
Schedule

21. An application for renewal of a certificate shall be made on the appropriate form as set out in the Fourth Schedule.

FIRST SCHEDULE

(Regulation 3)

(Application for Registration as Agents, Brokers, Salesmen, Adjusters)

FORM I

No.

Date Received

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Application for Registration as Agent

TO THE SUPERVISOR OF INSURANCE

I hereby apply on my own behalf */on behalf of the firm */company named below for registration to carry on the business of insurance agent in respect of the class/classes of insurance business stated in section B or F herein.

I enclose official receipt No. dated..... as evidence of payment of the registration fee.

The documents listed in direction No. 8 on page 2 are attached.

Signature
of Applicant

Date..... Title

2. Name of firm */company

3. Principal address in Trinidad and Tobago

Telephone No.

*Delete whichever is not applicable.

DIRECTIONS

1. Where the information required cannot be accommodated on the form of application it should be supplied as an appendix on separate sheets of paper using the same numbering and sub-lettering contained in the application.
2. A separate sheet should be used for each person about whom information is to be supplied under section G item 28.
3. The certificate in section B item 7(c) must be signed by the Chief Executive of the insurance company.

4. The certificate at the end of the application must be signed by two directors of the company and by the Manager or Secretary or by the partners in the case of a partnership.
5. "Class/classes of Insurance business" means the classes of insurance business listed in the First Schedule to the Insurance Act, 1980.
6. "Controller" has the same meaning as in the Insurance Act, 1980.
7. "Officer or officers" in section H item 29 refers to the officer or officers to be specified in the certificate of registration who may act thereunder in the name of the company.
8. This application must be accompanied by—
 - (a) The receipt obtained from the Comptroller of Accounts on payment of the registration fee.
 - (b) Certified copies of the agency agreement and Power of Attorney and any agreement pertaining to commissions and other remuneration payable.
 - (c) The audited accounts and statements required by the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations, 1982.
 - (d) Certified copies of the instrument constituting the firm/company and the statement of shareholding or of the business interests of the partners required by the regulations mentioned in (c) above.
 - (e) The latest agency returns made to the insurance company/companies.
9. A separate application must be made in respect of each company for which the applicant wishes to be registered as Agent—See sections 89(3) and 108(3) of the Insurance Act, 1980.
10. If the applicant intends to limit the conduct of his business to the insurance of only some of the risks of the class or classes of insurance business this should be indicated.

PARTICULARS OF APPLICATION

PART I

(Applicable to an Individual)

A—PERSONAL PARTICULARS OF APPLICANT

1. Full name in block letters Mr./Mrs./Miss
2. Address
3. Date of Birth 4. Nationality

5. (1) Present Occupation

(2) Employer.....

B—PARTICULARS OF REGISTRATION

6. Indicate by a tick in the appropriate box the class/classes of insurance business in respect of which this application for registration is made.

Classes of Insurance Business

- | | | | |
|-------------------------|--------------------------|-------------------------------------|--------------------------|
| (i) Ordinary Long-term | <input type="checkbox"/> | (ii) Industrial Life | <input type="checkbox"/> |
| (iii) Liability | <input type="checkbox"/> | (iv) Marine, Aviation and Transport | <input type="checkbox"/> |
| (v) Motor Vehicle | <input type="checkbox"/> | (vi) Pecuniary Loss | <input type="checkbox"/> |
| (vii) Personal Accident | <input type="checkbox"/> | (viii) Property | <input type="checkbox"/> |

7. (a) Name of the Insurance company for which the applicant is to be registered as agent.

(b) Address of the Insurance Company.

(c) Endorsement of the Insurance Company.

I certify that the applicant has been appointed agent of the above-named insurance company which has been registered under the Insurance Act, 1980 to carry on the class/classes of insurance business stated above.

Signature

Date Title

(Affix official stamp of the company)

8. Other class/classes of Insurance business in respect of which you are currently registered and the company for which you are registered as agent.

9. Details of any previous registration which was cancelled including the reason for cancellation.

10. State whether you are now registered or have applied for registration as a broker.

C—QUALIFICATIONS AND EXPERIENCE

11. (a) Year in which insurance agent examination was passed

(b) Examining body

(c) Any other qualification in insurance.....

(forward copies of certificates)

*Insurance (Agents, Brokers, Salesmen and Adjusters)
(Registration) Regulations, 1982*

12. Furnish on a separate sheet full details of your experience as an insurance agent indicating:—

(a) The insurance companies on behalf of which you acted with dates and the class/classes of insurance business transacted.

(b) Any experience in insurance business other than agent with dates.

D—GENERAL INFORMATION

13. Are you a member, director or controller of a company carrying on insurance brokerage business? If so, give details.

14. Are you an undischarged bankrupt? If so have you leave to carry on the business of insurance agent by the court by which you were adjudged bankrupt?

15. Will you act full time or part time as an agent?

16. Are you a member of an association of insurance agents or other insurance association? If so, give the name and address of the association.

17. Submit the latest agency returns made to the insurance company/companies.

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

Date.....

Signature of Applicant

PART II

(Application to a firm/company)

E—PARTICULARS OF THE FIRM/COMPANY

18. The name of the person resident in Trinidad and Tobago appointed as principal representative.

19. Date and place of incorporation or formation.

20. Summary of main objects.

21. The amount of—

(i) Authorised capital.

(ii) Paid-up capital.

F—PARTICULARS OF BUSINESS

Indicate by a tick in the appropriate box the:

22. Class/classes of insurance business in respect of which this application is made.

Classes of Insurance business

- | | | | |
|-------------------------|--------------------------|---------------------------------------|--------------------------|
| (i) Ordinary Long-term | <input type="checkbox"/> | (ii) Industrial Life | <input type="checkbox"/> |
| (iii) Liability ... | <input type="checkbox"/> | (iv) Marine Aviation and Transport | <input type="checkbox"/> |
| (v) Motor Vehicle | <input type="checkbox"/> | (vi) Pecuniary Loss | <input type="checkbox"/> |
| (vii) Personal Accident | <input type="checkbox"/> | (viii) Property ... | <input type="checkbox"/> |

23. (a) The name of the insurance company for which the applicant is to be registered as agent.
(b) The address of the insurance company.
(c) Endorsement of the insurance company.

I certify that the applicant has been appointed agent of the above-named insurance company which is registered under the Insurance Act, 1980 to carry on the class/classes of insurance business stated above.

Signature

Date..... Title

(Affix official stamp of the company)

24. Other class/classes of insurance business and the insurance company in respect of which the firm/company is now registered.
25. Details of any previous registration which was cancelled including the reason for cancellation.
26. State whether the firm/company is registered or has applied for registration as broker.
27. Date on which financial year ends.

G—PERSONAL PARTICULARS OF DIRECTORS, CONTROLLERS, AND PARTNERS

28. In respect of each of the following, give the particulars required by (a) to (j) below:—

- (i) Directors
- (ii) Controllers
- (iii) Managers
- (iv) Partners

- (a) Full name
- (b) Address
- (c) Nationality
- (d) Date of Birth

- (e) Place of Birth
(f) Position (Director, Controller, Partner, etc.)
(g) Whether the person is an undischarged bankrupt and if so whether he has leave to carry on the business of insurance agent by the court by which he was adjudged bankrupt.
(h) Details of shares held in any insurance brokerage business.
(i) Details of training and experience in insurance.
(j) Whether each partner of the firm is registered or has applied for registration as agent.

H—GENERAL INFORMATION

- 29. The officer or officers to be specified in the certificate of registration of the Company (See Direction No. 7).
30. Is the firm/company a member or controller of a company carrying on insurance brokerage business If so, give details.
31. Is the firm/company a member of an association of insurance agents or other insurance association? If so, give the name and address of the association.
32. Submit the latest agency returns made to the insurance company/ companies.

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

Indicate official designation

{ Signature
Title
Signature

(See Direction No. 4 on page 2)

{ Title
Signature
Title
Date

FORM 2

No.

Date Received

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Application for Registration as Broker

TO THE SUPERVISOR OF INSURANCE

I hereby apply on my own behalf*/on behalf of the firm*/company named below for registration to carry on the business of insurance broker in respect of the class/classes of insurance business stated in section B* or G herein.

I enclose official receipt No.dated
as evidence of payment of the registration fee.

The documents listed in direction No. 7 on page 2 are attached.

Signature of
Applicant

Title

Date

2. Name of firm*/company

3. Principal address in Trinidad and Tobago

Telephone No.

*Delete whichever is not applicable.

DIRECTIONS

1. Where the information required cannot be accommodated on the form of application it should be supplied as an appendix on separate sheets of paper using the same numbering and sub-lettering contained in the application.
2. A separate sheet should be used for each person about whom information is to be supplied under section H item 27.
3. The Certificate at the end of the application must be signed by two Directors of the company and by the Manager or Secretary or by the partners in the case of a partnership.
4. The term "Class/classes of Insurance business" means the classes of Insurance business listed in the First Schedule to the Insurance Act, 1980.
5. "Controller" has the same meaning as in the Insurance Act, 1980.

6. "Officer or Officers" in section H item 29 refers to the officer or officers to be specified in the Certificate of Registration who may act thereunder in the name of the company.
7. This application must be accompanied by—
 - (a) The receipt obtained from the Comptroller of Accounts on payment of the registration fee.
 - (b) Proof of professional Indemnity insurance cover in force of not less than five million dollars (\$5,000,000) T.T.
 - (c) The audited accounts required by the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations, 1982.
 - (d) Certified copies of the instrument constituting the firm/company and the statement of shareholding or of the business interests of the partners required by the Regulations mentioned in (c).

PARTICULARS OF APPLICATION

PART I

(Applicable to an individual)

A—PERSONAL PARTICULARS OF APPLICANT

1. Full name in block letters Mr./Mrs./Miss
2. Address
3. Date of Birth 4. Nationality.....
5. (1) Present Occupation
- (2) Employer

B—PARTICULARS OF REGISTRATION

Indicate by a tick in the appropriate box the :

6. Class/classes of insurance business in respect of which this application for registration is made.

Class of Insurance business

- | | |
|--|--|
| (i) Ordinary Long-term <input type="checkbox"/> | (ii) Industrial Life ... <input type="checkbox"/> |
| (iii) Liability ... <input type="checkbox"/> | (iv) Marine, Aviation and Transport <input type="checkbox"/> |
| (v) Motor Vehicle <input type="checkbox"/> | (vi) Pecuniary Loss <input type="checkbox"/> |
| (vii) Personal Accident <input type="checkbox"/> | (viii) Property ... <input type="checkbox"/> |

7. Other class/classes of insurance business in respect of which you are now currently registered as a broker.

8. State whether you are now registered or have applied for registration as a Salesman or Agent.
9. Details of any previous registration which was cancelled including the reason for cancellation.

C—QUALIFICATION AND EXPERIENCE

10. Give full details of your qualifications.
(forward copies of certificates).
11. Furnish on a separate sheet—
 - (a) Full details of your experience as an Insurance broker indicating the firm/company in which you were employed with dates of employment and class/classes of insurance business transacted certified by the Chief executive of the firm/company.
 - (b) Any experience in Insurance business other than broker with dates.

D—GENERAL INFORMATION

12. Are you a director, officer or employee of an Insurance company?
Give details.
13. Do you hold shares in an insurance company or in any company which is an agent of an Insurance company? Give details.
14. Have you entered into any agreement with any other person carrying on Insurance business relating to the preferential offer of Insurance business? Give details and attach a copy of each such agreement.
15. Are you an undischarged bankrupt? If so have you leave to carry on the business of Insurance broker by the court by which you were adjudged bankrupt?
16. Are you a member of a brokers' association or other professional body?
If so state the name and address of the body.

E—DETAILS OF PROFESSIONAL INDEMNITY INSURANCE:—

- (a) Underwriter
- (b) Policy No. (c) Renewal date
- (d) Limit of Indemnity (e) Excess

(Attach copy of policy)

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

Signature of
Applicant

Date

PART II

(Applicable to a Firm or Company)

F—PARTICULARS OF THE FIRM/COMPANY

17. The name of the person resident in Trinidad and Tobago appointed as principal representative.
18. Date and place of incorporation or formation.
19. Summary of main objects.
20. The amount of:
 - (i) Authorised Capital
 - (ii) Paid-up Capital

G—PARTICULARS OF BUSINESS

Indicate by a tick in the appropriate box the

21. Class/classes of Insurance business in respect of which this application for registration is made.

Classes of Insurance business

- | | |
|---|--|
| (i) Ordinary Long-term <input type="checkbox"/> | (ii) Industrial Life <input type="checkbox"/> |
| (iii) Liability ... <input type="checkbox"/> | (iv) Marine, Aviation and Transport <input type="checkbox"/> |
| (v) Motor Vehicle <input type="checkbox"/> | (vi) Pecuniary Loss <input type="checkbox"/> |
| (vii) Personal Accident <input type="checkbox"/> | (viii) Property ... <input type="checkbox"/> |

22. Other Class/classes of Insurance business in respect of which the firm/company is now registered.
23. Is the firm/company registered or has it applied for registration as an agent?
24. Details of any previous registration which was cancelled including reason for cancellation.
25. Details of any agreement with any other person carrying on Insurance business relating to the preferential offer of Insurance business into which the firm/company has entered.
Forward a copy of each such agreement.
26. Date on which financial year ends

H—PERSONAL PARTICULARS OF DIRECTORS, CONTROLLERS AND PARTNERS

27. In respect of each of the following give the particulars required by (a) to (j) below:—
 - (i) Directors
 - (ii) Controllers

(iii) Managers and other senior officials authorised to transact Insurance business in the name of the company/firm.

(iv) Partners

- (a) Full name
- (b) Address
- (c) Nationality
- (d) Date of birth
- (e) Place of birth
- (f) Position (Director, Controller, partner, etc.).....
- (g) Whether the person is an undischarged bankrupt and if so whether he has leave to carry on the business of Insurance broker by the court by which he was adjudged bankrupt.
- (h) Details of shares held in any Insurance company or a company which is an agent of an Insurance company.
- (i) Details of training and experience.
- (j) Whether each partner is registered as an Insurance broker or has applied for such registration.

28. The name of the executive director who will manage the company and whether he is a registered broker or has applied for such registration.

29. The officer or officers to be specified in the Certificate of Registration of the company (See Direction No 6).

I—DETAILS OF PROFESSIONAL INDEMNITY INSURANCE

- (a) Underwriter
- (b) Policy No. (c) Renewal date
- (d) Limit of Indemnity (e) Excess

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

Indicate official designation
(See Direction No. 3 on page 2)

Signature

Title

Signature

Title

Signature

Title

Date

FORM 3

No.

Date Received

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Application for Registration as Salesman

TO: THE SUPERVISOR OF INSURANCE

I hereby apply to be registered as an Insurance Salesman in respect of the class/classes of Insurance business stated in section 8(6) herein.

I enclose official receipt No.

dated as evidence of payment of the registration fee

Signature
of Applicant

Date

DIRECTIONS

1. Where the information required cannot be accommodated on the form it should be supplied as an appendix on separate sheets of paper using the same numbering and sub-lettering contained in the application.
2. The Term class/classes of Insurance business means the classes of Insurance business listed in the First Schedule to the Insurance Act, 1980.
3. (a) The certificate in section B item 7(c) must be signed by the Chief Executive of the Company or by the Agent.
(b) Affix the official stamp of the Company or Agent.
4. The details required in section C item 9 must be certified true and correct by the Chief Executive of the Company or the Agent.
5. This application must be accompanied by
 - (a) The receipt obtained from the Comptroller of Accounts on payment of the registration fee.
 - (b) A copy of the Insurance Salesman Examination Certificate if available at the time of application.
6. The following persons are not qualified to be registered as an Insurance Salesman:—
 - (a) A person under the age of eighteen years.

- (b) An undischarged bankrupt, unless he has been granted leave to carry on the business of Insurance Salesman by the court by which he was adjudged bankrupt.
- (c) A person who is mentally ill.

7. "Controller" has the same meaning as defined in the Insurance Act, 1980.

PARTICULARS OF APPLICATION

A—PERSONAL PARTICULARS OF APPLICANT

- 1. Full name in Block Letters Mr./Mrs./Miss
- 2. Address
- 3. Date of Birth 4. Nationality
- 5. (a) Present Occupation:
(b) Employed/Contracted by:

B—PARTICULARS OF REGISTRATION

6. Indicate by a tick in the appropriate box the class/classes of Insurance business in respect of which this application for registration is made.

Classes of Insurance business

- | | | | |
|-------------------------|--------------------------|-------------------------------------|--------------------------|
| (i) Ordinary Long-term | <input type="checkbox"/> | (ii) Industrial Life | <input type="checkbox"/> |
| (iii) Liability ... | <input type="checkbox"/> | (iv) Marine, Aviation and Transport | <input type="checkbox"/> |
| (v) Motor Vehicle | <input type="checkbox"/> | (vi) Pecuniary Loss | <input type="checkbox"/> |
| (vii) Personal Accident | <input type="checkbox"/> | (viii) Property ... | <input type="checkbox"/> |

- 7. (a) Name of Insurance Company contracted by or Agent employed by at the time of application:
- (b) Address of Insurance Company or Agent:
- (c) Endorsement of Insurance Company or Agent:

I certify that the information at (a) and (b) above is true and correct.

Date Signature

Title

(Affix official stamp of company or agent)

- (d) Details of any previous registration which was cancelled including the reason for cancellation.
- (e) Other class/classes of Insurance business in respect of which you are now registered as a Salesman:

C—QUALIFICATION AND EXPERIENCE

(a) Year in which Insurance Salesman Examination was passed

.....

(b) Examining body

(c) Other qualifications (forward copies of certificates).

8. Furnish on a separate sheet full details of your experience as an Insurance Salesman indicating—

- (a) Company or Agent contracted to or employed by.
(b) The period attached to the Company or Agent.
(c) The Class or classes of Insurance business transacted.

N.B. Details must be certified by the Chief Executive of the company or by the Agent.

D—GENERAL INFORMATION

- 9. Give the names of your employers and the position held during the last five years.
10. Are you now registered or have you applied for registration as a broker?
11. Are you a member, director or controller of a company carrying on brokerage business?
If so, give details.
12. Details of shares held in any Insurance brokerage business.
13. Are you an undischarged bankrupt?
If so, have you leave to carry on the business of Insurance Salesman by the court by which you were adjudged bankrupt?
14. Are you a member of an association of Insurance Salesmen?
If so, give the name and address of the association.

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

Signature
of Applicant

Date

FORM 4

No.

Date Received.....

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Application for Registration as Adjuster

To: THE SUPERVISOR OF INSURANCE

I hereby apply on my own behalf*/on behalf of the firm*/company named below for registration to carry on the business of Insurance adjuster in respect of the class/classes of Insurance business stated in section B or E* herein.

I enclose official receipt No.

datedas evidence of payment of the registration fee.

Signature

Title

Date

2. Name of Firm/Company

3. Principal Address in Trinidad and Tobago

.....

Telephone No.

*Delete whichever is not applicable.

DIRECTIONS

1. Where the information required cannot be accommodated on the form of application it should be supplied as an appendix on separate sheets of paper using the same numbering and sub-lettering contained in the application.
2. A separate sheet should be used for each person about whom information is to be supplied under item 18 of section F.
3. The Certificate at the end of the application must be signed by two Directors of the Company and by the Manager or Secretary or by partners in the case of a partnership.
4. "Class/classes of Insurance business" means the classes of Insurance business listed in the First Schedule to the Insurance Act, 1980.
5. "Controller" has the same meaning as defined in the Insurance Act, 1980.
6. "Officer or officers" in section G19 refers to the officer or officers to be specified in the Certificate of registration who may act thereunder in the name of the company.

PARTICULARS OF APPLICATION

PART I

(Applicable to an Individual)

A—PERSONAL PARTICULARS OF APPLICANT

- 1. Full name in block letters Mr./Mrs./Miss
- 2. Address
- 3. Date of Birth 4. Nationality
- 5. (1) Present Occupation
- (2) Employer.....

B—PARTICULARS OF REGISTRATION

- 6. Indicate by a tick in the appropriate box—the class/classes of Insurance business in respect of which this application for registration is made.

| | | | |
|-----------------------|--------------------------|---------------------------|--------------------------|
| (i) Liability ... | <input type="checkbox"/> | (ii) Marine, Aviation and | <input type="checkbox"/> |
| | | Transport | |
| (iii) Motor Vehicle | <input type="checkbox"/> | (iv) Pecuniary Loss | <input type="checkbox"/> |
| (v) Personal Accident | <input type="checkbox"/> | (vi) Property ... | <input type="checkbox"/> |
- 7. Other Class/classes of Insurance business in respect of which you are now registered.
- 8. Details of any previous registration which was cancelled including the reason for cancellation.

C—QUALIFICATION AND EXPERIENCE

- 9. List all of your qualifications and forward copies of your Certificates.
- 10. Furnish on a separate sheet full details of your experience as an insurance adjuster giving dates and the names of the firm/company with which you were employed.

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

Signature
of Applicant

Date

PART II

(Applicable to a Firm/Company)

D—PARTICULARS OF THE FIRM/COMPANY

11. The name of the person resident in Trinidad and Tobago appointed as principal representative.
12. Date and place of incorporation or formation.
13. Summary of main objects.
14. The amount of—
 - (i) Authorised capital
 - (ii) Paid-up capital

E—PARTICULARS OF BUSINESS

15. Indicate by a tick in the appropriate box the class/classes of Insurance business in respect of which this application is made.
 - (i) Liability ...
 - (ii) Marine, Aviation and Transport
 - (iii) Motor Vehicle
 - (iv) Pecuniary Loss
 - (v) Personal Accident
 - (vi) Property ...
16. Other class/classes of Insurance business in respect of which the firm/company is now registered.
17. Details of any previous registration which was cancelled including the reason for cancellation.

F—PERSONAL PARTICULARS OF DIRECTORS, CONTROLLERS, SENIOR OFFICIALS AND PARTNERS

18. In respect of each of the following give the particulars required by (a) to (g) below:—
 - (i) Directors
 - (ii) Controllers
 - (iii) Managers and other Senior officials authorised to act in the name of the firm/company.
 - (iv) Partners
 - (a) Full name
 - (b) Address
 - (c) Nationality
 - (d) Date of birth
 - (e) Place of birth
 - (f) Details of training and experience (Forward copies of certificates)
 - (g) Whether each partner of the firm is registered or has applied for registration as adjuster.

G—GENERAL INFORMATION

19. The officer or officers to be specified in the certificate of registration of the company. (See Direction No. 6 on page 2).

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

indicate official designation
(See Direction No. 3 on page 2)

Signature
Title
Signature
Title
Signature
Title
Date

SECOND SCHEDULE

REGISTRATION FEES

Table with 2 main columns: Category (Salesmen, Agents, Brokers, Adjusters) and Fee (\$100.00, \$500.00, \$2,500.00 annually). Includes sub-categories like Individuals and Corporate bodies.

THIRD SCHEDULE

(Regulation 8)

PART I

(Certificates of Registration of Agents, Brokers, Salesmen and Adjusters)

FORM 1

No.



THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Certificate of Registration as Agent

I HEREBY CERTIFY THAT

.....
is registered as an Agent for

.....
in respect of the following classes of Insurance business:

The officers/partners who may act hereunder in the name of the company/
firm are:

.....
Date Supervisor of Insurance

*N.B. This Certificate is valid for one year from the date of issue and shall be
renewable annually on the anniversary date of issue.*

FORM 2

No.



THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Certificate of Registration as Broker or Adjuster

I HEREBY CERTIFY THAT

.....

is registered as

.....
in respect of the following classes of insurance business:

The officers/partners who may act hereunder in the name of the company/
firm are:—

.....
Date *Supervisor of Insurance*

*N.B. This certificate is valid for one year from the date of issue and shall be
renewable annually on the anniversary date of issue.*

FORM 3

No.....



THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Certificate of Registration as Salesman

I HEREBY CERTIFY THAT

Mr./Mrs./Miss

of

is registered as a SALESMAN for

.....
in respect of the following classes of insurance business:

.....
Date *Supervisor of Insurance*

*N.B. This certificate is valid for one year from the date of issue and shall be
renewable annually on the anniversary date of issue.*

PART II

(Regulation 9)

(Notices of Termination)

FORM I

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Notice of Termination of Agency

TO THE SUPERVISOR OF INSURANCE

Please note that the agency agreement between:

.....

Name of Company

and

.....

Name of Agent

has been terminated as of.....

Date

for the following reasons:

.....
.....
.....
.....

Signature

Title

*(Chief Executive of the
Company or Agent)*

Date

FORM 2

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Notice of Termination of Salesman Contract

To THE SUPERVISOR OF INSURANCE

Please note that the contract between:

.....

Name of Company

and

Mr./Mrs./Miss

Salesman

has been terminated as of

Date

for the following reasons:

.....

.....

.....

.....

Signature

Title

*(Chief Executive of the
Company or Salesman)*

Date

FORM 3

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Notice of Insurance Salesman Contract

To THE SUPERVISOR OF INSURANCE

Please note that with effect from
Date

Mr./Mrs./Miss
Full Name

of
Address

has entered into a contract with:

.....
Name of Company

to carry on the business of SALESMAN in respect of the following classes of insurance business:

- | | |
|---------|---------|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

Signature

Date Title

(Please affix the official stamp of the Company)

FOURTH SCHEDULE

(Regulations 7 and 21)

(Application for Renewal of Certificate of Registration as Agents, Brokers, Salesmen and Adjusters)

FORM 1

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Application for Renewal of Certificate of Registration as Agent

TO THE SUPERVISOR OF INSURANCE

I hereby apply for the renewal of Insurance Agent Certificate of Registration

No: Issued on:.....

I enclose official receipt No: dated:
as evidence of payment of the prescribed fee.

Signature of
Applicant

Position in
Firm/Company

Date

PARTICULARS

1. Full Name of Applicant:

.....
Individual/Firm/Company

2. Address:

.....

3. Name of Insurance Company for which the applicant is registered as Agent:

.....

4. Address:

5. Endorsement of Insurance Company:

I certify that the information in item 3 above is true and correct.

*Signature

Title

(Affix Official Stamp)

6. Name of officers who will act in the name of and on behalf of the applicant company:

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

Signature

Position in
Firm/Company

*To be signed by the Chief Executive of the Company.

FORM 2

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Application for Renewal of Certificate of Registration as Salesman

TO THE SUPERVISOR OF INSURANCE

I hereby apply for the renewal of Insurance Salesman Certificate of
Registration No.: Issued on:

I enclose official receipt No.:
dated: as evidence of payment of the prescribed fee.

Signature of
Applicant

Date

PARTICULARS:

1. Full name of applicant Mr./Mrs./Miss:.....
2. Address:
3. Name of Insurance Company or the Agent for which the applicant is registered as Salesman
.....
4. Address:
5. Endorsement of the Insurance Company or Agent:

I certify that the information in item 3 above is true and correct.

*Signature

Title
(Affix Official Stamp)

Insurance (Agents, Brokers, Salesmen and Adjusters)
(Registration) Regulations, 1982

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

Signature of Applicant

Date

*To be signed by the Chief Executive of the Company or the Agent.

FORM 3

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)
(REGISTRATION) REGULATIONS, 1982

Application for Renewal of Certificate of Registration as Broker or Adjuster

To THE SUPERVISOR OF INSURANCE

I hereby apply for the renewal of Insurance Broker*/Adjuster Certificate of Registration No.: Issued on:

I enclose official receipt No.: dated as evidence of payment of the prescribed fee.

Signature of Applicant

Position in Firm/Company

Date

PARTICULARS:

1. Full Name of Applicant:

.....
(Individual/Firm/Company)

2. Address:

.....

3. If a Broker, give details of professional Indemnity Insurance as follows:

(a) Underwriter

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

(d) Limit of Indemnity (e) Excess

(Written evidence that the Insurance is in force must be submitted)

4. Name of the officers who will act in the name of and on behalf of the applicant company:

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

Signature

Position in
Firm/Company

Date

(Affix Official stamp)

* Delete whichever is not applicable.

Made this 7th day of September, 1982.

G. M. CHAMBERS
Minister