



THE INSURANCE COMMISSION
OF THE BAHAMAS

PART A. APPLICABLE TO (SUB-BROKER – SOLE PROPRIETOR) INDIVIDUALS ONLY

1. Name of applicant

2. Business address

3. Date of birth

Place of birth

4. Relevant classes of business for which it is hoped to carry on business as a Broker in The Bahamas (as defined under section 3 of the Insurance Act, 2005).

5. Are you an undischarged bankrupt?

6. If so, have you received leave of the Supreme Court, by which you were adjudged bankrupt, to be an insurance broker?

7. Are you registered or have you applied for registration as a salesperson, agent or sub-agent under Part V of the Insurance Act, 2005?

8. Were you carrying on business as a broker within the last 12 months?
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9. If so, for which class or classes of business?



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10. Give details of all training and qualifications held (including copies of certificates, diplomas, etc.).....

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11. Give full details of all experience and employment in insurance business as a Broker or in any other category (from date of entry to present date)

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12. Will you be a full time or part time broker?

13. Have you ever been convicted of any offence involving fraud or dishonesty?

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14. Have you ever been dismissed by an employer for fraud or dishonesty?

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15. Do you own shares in any insurance company or in any company which acts as an agent of an insurance company?

16. If you are a member of a Brokers' association or other professional body, state its name

17. If you are not such a member, give reasons.....



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18. If you, or your wife/husband or children or parents hold shares in any insurance company or any company acting as agent of an insurance company, state the name of each company, the name of the holder and the number of shares held

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DECLARATION:

I declare that the replies given in this application form are to the best of my knowledge and belief true and correct. I further declare that no agreement relating to the preferential offer of insurance has been made between me and any person carrying on insurance business as might impair my impartiality in placing insurance business.

Signed: Date:

Witnessed by: Date:

Testimonial (to be signed by Notary Public)

Icertify that is known to me. He/she is a person of good character and is otherwise a fit and proper person to be a broker registered under the Insurance Act, 2005.

Signed: Qualification:

Date: