



THE INSURANCE COMMISSION  
OF THE BAHAMAS

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**PART B**

**APPLICABLE TO COMPANIES OR PARTNERSHIPS (BROKER)**

(Application for registration as a broker of a company or partnership or other body of persons)

1. Name of company or other body.....
2. Principal address in The Bahamas.....
3. Date and place of incorporation or formation.....
4. Give registration number of the company under the Companies Act (*Ch.308*), if any  
.....
5. Summary of main or proposed main objects of the company (Attach statement where  
Necessary).....
6. Amount of authorized and paid-up capital (Attach latest audited Profit and Loss  
Account and Balance Sheet).....



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7. Give name, place and date of birth of each director, manager or partner and senior officer.....  
.....

8. Class/classes of insurance business for which the company or partnership will carry on business as a broker\* in The Bahamas (classes as defined in section 3 of the Insurance Act, 2005).....

9. Is any director, manager or partner an undischarged bankrupt? .....

10. If so, has he (they) received leave of the Supreme Court, by which he (they) were adjudged bankrupt, to carry on business as an insurance broker\* in The Bahamas?  
.....

11. Does any director, partner, manager or senior officer of the organization hold shares in an insurance company or a company which is an agent for an insurance company?.....

12. Give details.....



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13. Was the company carrying on business within the last 12 months as insurance broker in The Bahamas?.....

14. If so, for which relevant classes of insurance business? .....

15. Give details of all training and qualifications held by each director, manager or partner including copies of certificates, diplomas, etc.....

16. Has any director, partner, manager, or other senior officer ever been convicted of any offence involving fraud or dishonesty? .....

17. Has any director, partner, manager, or other senior officer ever been dismissed by an employer for fraud or dishonesty? .....



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**DECLARATION:**

(to be signed by each director, manager, or partner as the case may be).

We the undersigned, being directors, managers or partners of ..... declare that the replies given in this application form are to the best of our knowledge and belief true and correct.

We further declare that no agreement relating to the preferential offer of insurance has been made between..... (names of company, partnership, etc.) and any person carrying on insurance business as might impair our impartiality in placing insurance business.

Signed: .....

Date: .....

Signed: .....

Date: .....

Signed: .....

Date: .....

Signed: .....



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Date: .....

**TESTIMONIAL:**

(To be signed by Notary Public)

I..... certify that.....  
is known to me. He/She is a person of good character and is otherwise a fit and proper  
person to carry on business as an agent or to occupy the position  
of..... (specify the position held, e.g., manager,  
controlling director, partner, etc.) with ..... (name of  
agency or a body of persons).

Signed .....

(capacity of individual signing testimonial should be indicated i.e. Notary Public)

Date.....