



# TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

THE INSURANCE ORDINANCE 1989 (CAP. 16.06)  
THE INSURANCE REGULATIONS 1990 (CAP. 16.06)

## FORM 4: APPLICATION FOR AN INSURANCE BROKER LICENCE

[Section 4. (1) (c)]

*["Insurance Broker" negotiates directly or through representatives or other means, contracts of insurance or of re-insurance on behalf of more than one insurer, or for placement with insurers or re-insurers or who places or arranges insurance business with insurance companies' agents or subagents on behalf of prospective policy holders in the settlement of claim]*

[Section 2]

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION AS FULLY AS POSSIBLE, GIVING REASONS FOR NON-COMPLIANCE IF ANY, AND ATTACHING APPENDICES WHERE APPROPRIATE.

**NB: The complete form accompanied by all documentation and the application fee must be submitted to the Commission.**

1. NAME OF APPLICANT \_\_\_\_\_
2. DATE ON WHICH APPLICANT COMMENCED, OR PROPOSES TO COMMENCE, CARRYING ON BUSINESS IN OR FROM WITHIN THE ISLANDS  
\_\_\_\_\_
3. ADDRESS OF PRINCIPAL OR REGISTERED OFFICE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **IF INCORPORATED** a) ATTACH EVIDENCE OF PROPER INCORPORATION PURSUANT TO THE COMPANIES ORDINANCE 1981 AND A COPY OF THE MEMORANDUM OF ASSOCIATION AND ARTICLES OF ASSOCIATION OR OTHER INSTRUMENT OF CONSTITUTION OF THE APPLICANT AS MAY BE APPROPRIATE; OR IF NOT YET INCORPORATED, THE PROPOSED DOCUMENTATION.  
  
b) LIST ALL NAMES (INCLUDING ANY PREVIOUS NAMES), ADDRESSES AND NATIONALITIES OF ALL SHAREHOLDERS. IN THOSE INSTANCES WHERE SHARES ARE HELD BY A CORPORATE BODY, OR BODIES THE CHAIN OF CONNECTION TO THE ULTIMATE OWNER MUST BE SHOWN.  
  
c) ATTACH CURRICULA VITAE OF ALL DIRECTORS, MANAGERS AND OFFICERS.
5. IF NOT INCORPORATED, NAMES, ADDRESSES, NATIONALITIES AND CURRICULA VITAE OF THE APPLICANT AND ANY PERSON ACTING AS A MANAGER, OR OTHER OFFICER OR PARTNER, AS THE CASE MAY BE.
6. ATTACH EVIDENCE SATISFACTORY TO THE LICENCING COMMITTEE THAT NONE OF THOSE PERSONS LISTED IN SECTIONS 4(b), 4(c) OR 5 HAS A CRIMINAL RECORD.



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7. ATTACH FOUR REFERENCES (CHARACTER, PROFESSIONAL AND FINANCIAL) INCLUDING TWO FROM INSURERS (OR RE-INSURERS) AND ONE FROM A BANK.
8. ATTACH EVIDENCE OF THE EXISTENCE OF PROFESSIONAL INDEMNITY INSURANCE AS REQUIRED UNDER SECTION 11 (2) OF THE ORDINANCE.
9. ATTACH A LIST OF ALL SUB-AGENTS AUTHORISED BY THE APPLICANT TO SOLICIT DOMESTIC BUSINESS ON HIS BEHALF, AND OF ALL INSURANCE AGENTS THAT MAY BE ASSOCIATED WITH THE APPLICANT.
10. ATTACH A LIST OF ALL INSURERS WITH WHOM THE APPLICANT HAS ENTERED INTO ANY FORM OF AGENCY AGREEMENT.
11. ATTACH A BUSINESS PLAN.
12. HAVE ANY OF THE PARTIES CONNECTED WITH THIS APPLICANT EVER APPLIED, EITHER INDIVIDUALLY OR IN CONJUNCTION WITH OTHERS, FOR AUTHORITY TO TRANSACT INSURANCE BUSINESS IN ANY OTHER JURISDICTION? IF SO, PLEASE GIVE DETAILS.

APPLICATION IS ACCORDINGLY HEREBY MADE FOR THE LICENSE SPECIFIED ABOVE AND THE APPLICANT HEREBY CERTIFIES THAT ALL THE PARTICULARS CONTAINED IN THIS APPLICATION AND IN THE ACCOMPANYING DOCUMENTS OR OTHERWISE FURNISHED IN SUPPORT HEREOF ARE TRUE AND CORRECT.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(NAME OF APPLICANT)

BY ITS **DIRECTOR**/**\*SECRETARY**/**\*OR OTHER PERSON DULY AUTHORISED.**

**\*DELETE WORDS WHICH ARE NOT APPLICABLE**

Signed: \_\_\_\_\_

<b>WITNESS:</b>	
Name:	
Occupation:	
Address:	
Date:	