



THE INSURANCE COMMISSION  
OF THE BAHAMAS

---

**PART C: APPLICABLE TO SUB-AGENT CATEGORY 2 - CORPORATE**

1. Name and date of birth of manager, controlling director, partner, etc., the case maybe:  
.....
2. Principal address (addresses) of Office in The Bahamas: .....
3. Name(s) of Agency for which applicant is to be a registered Sub-Agent: .....
4. Principal address of Agency(s) in 3 above: .....
5. Is/are the company/companies registered under the Insurance Act, 2005 to carry on insurance in The Bahamas? .....
6. Relevant classes for which the Agency (s) at above is/are registered (Note "classes of insurance business" mean the relevant classes of business as identified and defined under section 3 of the Insurance Act, 2005) .....
7. Submit certified copy of power of attorney from each insurance company you propose to represent.
8. Is the applicant an undischarged bankrupt? .....
9. If so, has he received leave of the Supreme Court, by which he was adjudged bankrupt, to be an insurance agent? .....
10. Give documentary proof of leave received from the Supreme Court.
11. Is applicant registered as a broker or has he (or the body of persons) applied for registration as a broker under Part V of the Insurance Act, 2005? .....
12. Did the applicant carry on business as an agent within the last 12 months?  
.....
13. If so, state for which company or companies and for which class or classes of business:  
.....
14. Submit certified copy of agency agreement(s) for each Agency(s) you represent. Give summary of each such agreement and state commissions payable or other method of remuneration.....
15. Give details of shareholding or interest in any insurance brokerage business or undertaking of each member of staff, including directors and partners and their immediate families.....



THE INSURANCE COMMISSION  
OF THE BAHAMAS

---

16. Give details of all training and qualifications held (including copies of certificates, diplomas, etc.) by applicant or each director, manager or partner or senior officer of the applicant body.....  
.....  
.....

17. Give details of experience as an insurance sub-agent, e.g., number of years, class of business, name of companies, etc. ....

18. Has the applicant been convicted of an offence involving fraud or dishonesty? If so, give details.....

19. Submit certified copy of agency agreement with insurance company or principal agent. Give summary of each such agreement and state commissions payable or other method of remuneration.....

20. Submit latest agency returns made to the insurance company or principal agent and also latest audited Profit and Loss Account and Balance Sheet of the applicant organizations.

21. Give detailed list of all assets and liabilities held (and places where held) for the relevant insurance company (or companies) or principal agent in respect of which your agency registration application pertains. This list should be certified by an auditor and should be for a period not earlier than three months before the date of application.

22. The names and addresses of all the banks in which the applicant has accounts. All bank accounts in which the funds are beneficially owned by the insurance company (companies) or principal agents to which your agency registration application pertains should be stated separately. The nature of the applicants use or control of all assets and bank accounts of his principals existing in The Bahamas should be indicated in detail.

**DECLARATION:**

I/We the undersigned declare that the replies given in this application form are to the best of my/our knowledge and belief true and correct.

Signed..... Date.....

..... Date.....

..... Date.....



THE INSURANCE COMMISSION  
OF THE BAHAMAS

---

**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.....