# APPLICATION FOR LICENSING AS

**AN INSURANCE AGENT (INDIVIDUAL) OR SUB AGENT**

**(Act No. 30 of 2023)**

**Notes:**

1. *Read Application Notes and Intermediary Licensing Guidelines before completing this Application.*
2. *Application for Licensing is to be typed into this form. The form is in a Word Format which allows Applicants to freely type in the information. Hand-written forms that are not clear will be returned and not processed.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **APPLICANT:**

NAME OF APPLICANT: ……………………………………………….

1. **CONTACT INFORMATION OF APPLICANT**: If there was a change in address from the last application, please attach a certified copy of a utility bill.

|  |  |
| --- | --- |
| Mailing Address: | Home Number: |
| Physical Address: | Mobile Number: |
| Email Address: |
| If operating under a Business or conduct other business beside Insurance, please complete the information below. |
| Primary Business Name: | Business Number: |
| Business Mailing Address: | Business Email:  |
| Business Physical Address: | Website or Media Page: |
| List Other Business Beside Insurance: |

1. **PRINCIPALS:**
	1. I intend to act as an agent or sub-agent for:

|  |
| --- |
| Name of Principal:Licence No. of Principal: |
| Name of Principal:Licence No. of Principal: |

Where Applicant intends to represent more than on Principal, a **Principal Acknowledgement Form** must be completed by each Principal.

1. **CLASS OF BUSINESS**
	1. I intend to carry on the following classes of insurance business:

|  |  |  |
| --- | --- | --- |
| **Class of Insurance Business** | **Principal** | **Principal** |
| Ordinary Life Insurance Business |  |  |
| Industrial Life Insurance Business |  |  |
| Property Insurance Business |  |  |
| Accident and Sickness Insurance Business |  |  |
| Pecuniary Loss & Financial Interest |  |  |
| Motor Vehicle Insurance Business |  |  |
| Marine, Aviation and Transit Insurance Business |  |  |
| Liability Insurance Business |  |  |
| If any other class of insurance business, specify: |  |  |
| If any other class of insurance business, specify: |  |  |
| If any other class of insurance business, specify: |  |  |

1. **APPLICATION FEE**
	1. A Reference Number is provided in the Payment Form issued to by the Supervisor of Insurance for payment of the application fees to Treasury Department. Contact osipp@mof.gov.bz for the reference number.
	2. The application fee is $25
	3. I enclose herewith proof of payment of the application fee
		1. Attach copy of the online bank transfer
		2. If paid at Treasury, attach a copy of the Treasury Receipt.

|  |  |
| --- | --- |
| **Mode of Payment** | **Particulars** |
| APSSS (Bank to Bank) | No.: | Date: | $ |
| Treasury Receipt | No: | Date: | $ |

1. **Qualification**
	1. I hereby confirm that: -

|  |  |  |
| --- | --- | --- |
| **Affirmation** | **Yes** | **No** |
| 1. I am not under the age of 21 years [for Agent (Individual) and Sub-Agent] – my date of birth being
 |  |  |
| 1. I am not an undischarged bankrupt
 |  |  |
| 1. I have never been found to be of unsound mind by a Court of Competent Jurisdiction
 |  |  |
| 1. I have never been charged or convicted for any act(s) of dishonesty nor has my services ever been terminated by any person, firm, company or organization for any act of dishonesty.
 |  |  |
| 1. I have not had any judgement, including a consent judgement made against me.
 |  |  |
| 1. I have not had any penalty or fine been imposed by any court or other judicial authority in any country in any matter involving fraud, deception, dishonesty or breach of trust
 |  |  |
| 1. I have not engaged in any business practice that has been deceitful or oppressive, or improper.
 |  |  |
| 1. My departure from a previous employment was not due to any allegation of impropriety or misappropriation of funds, theft or any other misconduct.
 |  |  |
| 1. I am aware that the Money Laundering and Terrorism Financing Act (MLTPA), Chapter 104 of the Laws of Belize along with is amendments contain provisions relating to reporting entities and that I am required to follow the Anti-money laundering policies and procedures issued by the Principal(s) I intend to represent.
 |  |  |

* 1. In support of my application, I submit herewith the following documentation:

|  |  |  |
| --- | --- | --- |
| Document | Dated (D/M/Y) | Date certified(D/M/Y) |
| 1. Completed Biographical Affidavit executed before a Justice of the Peace or Notary Public providing information relating to my working history, academic background and qualifications.
 |  |  |
| 1. Certified copy of approved photo-identification document: Passport/Social Security Card
 |  |  |
| 1. Valid Police Record dated
 |  |  |
| 1. Statement from Principal for whom I shall be an \_\_agent or \_\_ sub-agent indicating that I have satisfactorily completed an adequate course of training in basic insurance principles, good business ethics and in the classes of insurance business for which I am applying and recommending my licensing as an Agent or Sub-Agent by the Supervisor of Insurance.
 |  |  |
| 1. Proof of Insurance Education - Original Certificate issued by:
	1. the Insurance Institute of Belize
	2. the Belize Association of Insurance & Financial Advisors
	3. Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |
| 1. One recent photograph – passport size
 |  |  |
| 1. A copy of the agency agreement signed with the Principal
 |  |  |

1. **Application and Certification**

To The Supervisor of Insurance:

I hereby make application under Sections 187 and 188 of the Insurance Act for licensing as an insurance \_\_ agent or \_\_ sub-agent in Belize to carry on Insurance business in the class(es) ticked in Item D for the Insurer or Insurance Corporate Agent indicated in item C.

I am aware that the Supervisor of Insurance can refuse to issue a licence as a result of misleading or false representation or incorrect information made or supplied willfully or otherwise.

I confirm that the statements made above are all true, accurate and complete at the date of signature.

Given under my hand this ……………………… day of …………………… 20 ..…

 Signature: …………………………………………

 Print Name: ………………………………………

Signature by Principal(s)

**Principal #1**

I have seen and confirm the accuracy of the above statements to the best of my knowledge and belief.

 ……………………………..

 □ Principal Company Stamp Affixed

**Principal #2**

I have seen and confirm the accuracy of the above statements to the best of my knowledge and belief.

 ……………………………..

 □ Principal Company Stamp Affixed

**DIRECTIONS TO APPLICANTS**

1. Application for licensing must be accompanied by:
	1. Payment or evidence of payment of the appropriate fee (Statutory Instrument No. 135 of 2000)
	2. One (1) recent photograph – passport size
	3. Certified copy of photo-identification: Passport or Social Security Card
	4. Valid Police Record
	5. Completed Biographical Affidavit
	6. Proof of Insurance Education
	7. Reference letters addressed to the Supervisor of Insurance
2. The Supervisor may upon receipt of an application, request the applicant to furnish such additional information as he may consider to be relevant to the application and may also refuse or restrict an authorization if it appears to him that the applicant has furnished misleading or inaccurate information when seeking the authorization.
3. Any person or entity who for the purposes of obtaining an authorization gives any information which he knows to be false in a material particular or recklessly gives any information which is false shall be guilty of an offence under the Insurance Act, Act No. 30 of 2023.
4. Applicants who intend to represent different principals must submit an application form for each principal.
	1. Principal Acknowledgement letter must also accompany application if Applicant intends to represent more than 1 principal.
	2. The principal (Insurance Company or Corporate Agent) must have a valid Insurance licence in Belize.
	3. An insurance intermediary can only represent:

 i. A maximum of three (3) insurers at one time; or

 ii. One corporate agent only

1. Biographical Affidavits are to be signed by a Justice of the Peace or a Notary Public.
2. Applicant must show proof of having taken the Insurance Introductory Certificate Course for the type of insurance business to be conducted with the Insurance Institute of Belize. A certified copy of the Certificate must accompany the application and will be returned with licence after the processing of the application.
3. Original Certificates on any continuous professional development courses taken must be submitted. If copies of the certificates are submitted, the copies must be certified by authorized persons of the Insurance Institute of Belize (IIBz) or the Belize Association of Insurance & Financial Advisers (BELAIFA), or the University of Belize (UB). If proof of continuous insurance education is in the form of certificates obtained outside of Belize, original certificates must be submitted and would requires the approval of the Supervisor of Insurance for admittance. The Supervisor of Insurance reserves the right to have the applicant take a course with an approved institution in Belize.
4. The signed Agency Agreement between the Applicant and the Principal cannot take effect unless an insurance licence is approved by the Supervisor of Insurance.
5. An Insurance licence is only valid for a period of 1 year and expires on 31st December. An application for Renewal of Licence must be submitted each subsequent year after initial licensing.
6. Applicant must not be carrying on insurance business unless first approved by the Supervisor of Insurance in writing.
7. Copies of identity documents and proof of address attached to this form must be certified by a Justice of the Peace or by a Notary Public.
8. Once Licence is approved, the applicant will be required to pay the licence fee after which he/she can collect the Intermediary Card and Licence Certificate at the Office of the Supervisor of Insurance & Private Pension in Belmopan.