

Republic of the Philippines  
Department of Finance  
INSURANCE COMMISSION  
Manila

**APPLICATION FOR INSURANCE BROKER'S LICENCE**  
(Under Chapter IV, Title 1 of the Insurance Code)

INSTRUCTIONS TO APPLICANTS
<p>Accomplish this form legibly and fully in your own handwriting. This application will not be accepted unless all information called for are furnished.</p>
<p>This application must be accompanied with a documentary stamp which shall be affixed to the license being applied for.</p>
<p>Every applicant shall also file with the application a bond in such amount as may be determined by the Insurance Commissioner, but in no case less than Five Hundred Thousand Pesos (P500,000.00) subject to the conditions laid down in the circular mentioned below.</p>
<p>Upon approval of this application, but before the issuance of the license applied for, the applicant must pay to the Insurance Commission a fee of Ten Thousand Pesos (P10,000.00) per soliciting official for the issuance of such license and must file also two (2) Errors and Omissions insurance policies (Professional Liability or Professional Indemnity Policy) as required under IMC No. 2-85 dated 7 August 1985.</p>
<p>Should the license being applied for be issued, the holder thereof (the President or any of its officers, as the case may be in case of licensed corporations, partnerships or associations), must immediately give written notice to the Insurance Commission of facts stated in this application which has been changed.</p>

FOR INSURANCE COMMISSION USE
Verified by: _____
Date
Processed by: _____
Date
Approved by: _____
Date
License Fee: P _____ O.R. No. _____ Date

To the Insurance Commissioner:

The Undersigned hereby applies for a license as reinsurance broker, pursuant to the provisions of Chapter IV of the Insurance Code, and in support of this application represents as follows:

1. Name of applicant \_\_\_\_\_  
*(If applicant is a partnership, association or corporation, Items 2 to 9 apply to the individual or person duly authorized to act for and in its behalf and whose name shall be stated in the license to be issued.)*
2. (a) Date of Birth \_\_\_\_\_ (b) Place of Birth \_\_\_\_\_
3. (a) Sex \_\_\_\_\_ (b) Civil Status \_\_\_\_\_
4. (a) Business Address \_\_\_\_\_  
(b) Residence Address \_\_\_\_\_
5. (a) Citizenship \_\_\_\_\_  
(b) If a naturalized citizen of the Philippines, give date and place of naturalization and attach photostatic copy of certificate of naturalization.  
\_\_\_\_\_
6. Have you ever been dishonorably discharged from any position of employment?  
\_\_\_\_\_ If yes, state particulars. \_\_\_\_\_
7. Have you ever been accused of any crime? \_\_\_\_\_ If yes, attach copy of court's decision.
8. Have you filed your income tax return for the preceding year? \_\_\_\_\_ If yes, attach proof of such filing, otherwise, give reason for not filing.
9. What experience and/or training have you had in the insurance business? *(State in what branches or kinds of insurance, in what capacity, and where and when engaged.)* \_\_\_\_\_
10. If applicant is a partnership, association or corporation:
  - (a) Attach certified true copy each of the Certificate of Registration, Articles of Partnership, Association or Incorporation and By-Laws; and
  - (b) State percentage of Filipino participation in the partnership, association or corporation as of the date of this application. \_\_\_\_\_
11. Is the applicant (and the individual duly authorized to act in its behalf, if applicant is a partnership, association or corporation) duly covered by an Errors and Omissions Policy or Professional Liability or Professional Indemnity Policy?  
\_\_\_\_\_ If yes, attach copy of the policy.

12. If the applicant is an alien individual or a domestic enterprise which is a non-Philippine national, or more than 40% of the outstanding capital of which is owned or controlled by non-Philippine nationals, attach written authority from the Board of Investments, under Republic act No. 5455, as amended by Executive Order No. 226 (The Omnibus Investments Code of 1987) to do business or engage in an economic activity in the Philippines.
13. Have you ever been licensed by this Office to act as insurance broker or agent? \_\_\_\_\_ If yes, please state the full circumstances. \_\_\_\_\_
14. Are you an official stockholder or employee of an insurance company? \_\_\_\_\_ If yes, state the name of the company and percentage of ownership, if any. \_\_\_\_\_
15. Are you a licensed insurance agent? \_\_\_\_\_ If yes, state the name/s of the insurance company/ies you represent. \_\_\_\_\_
16. In the blanks below, state how you have been occupied during the last ten years (without interruption) up to the date of this application, irrespective of whether employed or not. *(Attach additional sheet, if necessary.)*

Inclusive Dates From - To	Name of Employer	In what Capacity	Where	Under Whom	Reason for Leaving

17. State below the names and addresses of four (4) responsible persons for reference.

Name	Occupation	Post Office Address
1.		
2.		
3.		
4.		

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant  
TIN \_\_\_\_\_

**AFFIDAVIT OF VERIFICATION**

Republic of the Philippines)  
Province/City of \_\_\_\_\_)S.S.

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person named in and who signed the foregoing application, that I know that the contents thereof and the statements made and answers to questions therein are true.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by the above-mentioned applicant-affiant who exhibited his/her Community Tax Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_, 200\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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Book No. \_\_\_\_\_  
Series of 200\_\_\_\_\_