

Republic of the Philippines
 Department of Finance
INSURANCE COMMISSION
 Manila

APPLICATION FOR REINSURANCE BROKER'S LICENSE
 (Under Chapter IV, Title 2 of the Insurance Code)

INSTRUCTIONS TO APPLICANTS	FOR THE INSURANCE COMMISSION USE
<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>Upon approval of this application, the applicant shall pay to the Insurance Commission a fee of Ten Thousand Pesos (P10,000.00) for the issuance of the license and must also file an Errors and Omissions Policy (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 have been changed.</p>	<p>Verified by: _____</p> <p>Date _____</p> <hr/> <p>Processed by: _____</p> <p>Date _____</p> <hr/> <p>Approved by: _____</p> <p>Date _____</p> <hr/> <p>License Fee: P _____</p> <p>O.R. No. _____</p> <p>Date _____</p>

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 2-9 apply to the individual or person duly authorized to act for and 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.)* _____
(If applicant has successfully completed an academic course and/or training program in insurance and/or reinsurance, attach hereto proof to that effect.)
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. 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

13. 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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Page No. _____
Book No. _____
Series of 200_____