

REQUIREMENTS FOR AGENT'S APPLICATION FOR LICENSE

INDIVIDUAL

1. Duly accomplished application form
2. Latest Income Tax Return (ITR)
3. Latest Privilege Tax Receipt
4. Five (5) Copies of 1x1 colored pictures
5. License Fee of Php 300.00 (for new Agent)
Php 300.00 (for renewal)

CORPORATION

1. Corporate Papers
 - a. Articles of Incorporation
 - b. By-Laws
2. Board Resolution/Secretary's Certificate appointing the application as the Soliciting official.
3. Other requirements-same as individual application

REQUIREMENTS FOR AGENT'S EXAMINATION FOR LICENSE

1. Duly accomplished application for examination
2. Certificate of training and good moral (issued by the Head Office)
3. Three Copies of 1x1 colored pictures
4. Examination fee of Php 500.00 (Manila, Cebu & Davao)
Php 550.00 (Outside IC's premises)

REQUIREMENTS FOR THE RENEWAL OF LICENSED OF AGENT

1. Latest Income Tax Return (ITR)
2. Latest Privilege Tax Receipt (PTR)
3. Renewal Fee of Php 300.00

**Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
Manila**

APPLICATION FOR INSURANCE AGENT'S LICENSE
(Under Chapter IV, Title I, of the Insurance Code)

INSTRUCTIONS TO APPLICANTS

Read instructions before accomplishing this form. This application shall not be accepted unless all information called for are furnished.

Accomplish this form legibly and fully in your own handwriting. Sign the space indicated.

If applicant is a partnership, association or corporation, question 3,4,5,6,7,8,12,13,14,15,17,18,19,20,21,22,23, and 24 refer to the individual whose name appears under item no. 10 hereof, by and through whom applicant shall transact the business contemplated in the license applied for and should be answered accordingly.

In the case of the minor applicant, a statement from the company to the effect that the parent or guardians of the applicant has, for and in behalf of said minor signed the contract of agency and that the company holds itself responsible for all acts of the minor agent should be attached hereto.

The applicant or the individual mentioned in item 1 must submit with this application two (2) identical 1x1 copies of his/her latest head photograph and Php5.00 worth of documentary stamp to be affixed to the license to be issued.

Should the license applied for be issued the holder thereof must notify the Insurance Commission of facts stated in this application which have been changed such as address, civil status, etc.

FOR IC USE ONLY

Verified By:

Date:

Processed By:

Date:

Approved By:

Date:

LIFE

NON-LIFE

PERSONAL ACCIDENT

LICENSE FEE:
OR NO. _____

DATE: _____

CA NO. _____

FOR IC USE: PASSED AGENT'S EXAM

LIFE

NON-LIFE

Exam Result _____

Date of Exam _____

Verified by _____

Date of Exam _____

REQUIREMENTS/REMARKS

To the Insurance Commissioner:

The undersigned hereby applies for a license under the provisions of Chapter IV, Title I of the Insurance code, to act as insurance agent/general agent of _____ in respect to the kind of insurance indicated herein.

LIFE

NON-LIFE

PERSONAL ACCIDENT

and for that purpose submits the following statements and answers to the questions contained therein.

(Agency Name, if any)

1. Name of Applicant _____
(Surname) (First Name) (Middle Name)
2. Present Address
a) Residence _____

b) Business _____

3. Date of Birth _____
4. Place of Birth _____
5. Citizenship _____ Sex _____ Civil Status _____
6. If married woman: a) Maiden Name _____
b) Husband's Name _____
7. If a naturalized citizen of the Philippines, give date and place of naturalization and attach photostatic copy of certificate of naturalization: _____

8. Applicant is foreigner give serial number, date and place of issue certificate of registration (ACR) and the immigrant certificate of residence (ICR) for the current year and attach photostatic copy of each thereof:

9. If applicant is a partnership, association or corporation:
a) Attach a certified, true copy of each of the certificate of registration, articles of partnership, association or corporation and by-laws;

b) State percentage of Filipino participation in the partnership, association or corporation:_____

10. If applicant is a partnership, association or corporation, give name and position of individual by and through which applicant shall transact business contemplated in the license applied for _____
11. Is this application being filed for the primary purpose of insuring your own life or property or that of your employer with the company your wish to represent?_____
12. Have you ever been discharged from any position? If yes, state particulars_____
13. Have you ever been convicted of any crime?____if yes, attach copy of decision of the court concerned.
14. Have you ever been granted license or certificate of authority to act as insurance/ general agent in this country? If yes, state name of company represented _____
15. (a) What experience or training have you had in the insurance business? (State in what capacity, for how long, where and what branches or kinds of insurance).

P(b) Have you received instructions in each of the kind of insurance you proposed to write under the certificates herein applied for? _____. If so, give the name of the person from whom you received instructions and specify the kinds of insurance in which you have been instructed.

16. Are you indebted to any person (natural or juridical)? _____. If so, give names and address of your creditors together with details and evidenced of the arrangement made for the settlement of your debts. _____
17. Have you filed your income tax return for the preceding year? _____If not, give reason_____. If yes, attach proof of such filing and/or payment.
18. Give complete record of education (name of school attended and inclusive year)
Elementary_____
- HighSchool_____
- College_____
- Technical course/Special course _____

19. If applicant has successfully completed an academic course or training program in the kind or kinds of insurance contemplated in the license applied for, attach proof to that effect.
20. In the blanks below, state how you have been occupied during the last ten (10) years without interruption) up to date of this application, irrespective of whether employed or not. (Use another sheet if necessary)

Inclusive Dates From- To	Name of Employer	Where	In What Capacity	Reason for Leaving

- 21 Give below the name occupation and address of four (4) responsible persons for Reference. Do not give name of a relative or former employer or anybody connected with the company which you wish to represent:

NAME	OCCUPATION	ADDRESS

22. Are you a member of any organization, club or society? If so, give name, address and nature of organization:

23. Name of bank where you are keeping an account:

24. Name of person to be notified in case of emergency relationship and address:

25. Have you ever been licensed by this Commission to act as insurance broker or adjuster?_____. If yes, please state full circumstances. _____

26. Are you an official or employee of an adjustment company and/or insurance brokerage? _____. If yes, please state name of company and position held

27. Are you an official or an employee of an insurance company and position held:

28. Are you a licensed insurance agent? _____. If yes, state the names of insurance companies you represent: _____

FOR GENERAL AGENT/GENERAL AGENCY:

29. T.I.N. _____
30. VAT Reg. No. _____ (If partnership or corporation)
31. Give name of registered non-life company underwriter responsible for the applicant's

Executed this _____ day of _____, 20__ at _____
_____.

Signature of Applicant

IMPORTANT: Be sure your signature in this application tallies with your signature in the admission card for the Agent's Examination otherwise, you will be required to appear before the Insurance Commission to explain any significant discrepancy.

AFFIDAVIT OF VERIFICATION

Republic of the Philippines)
_____) S.S

I, _____, being duly sworn,
deposes and says that I am the person named in and who signed the foregoing application;
that I know the contents thereof and the statements made and answer to questions therein
are true.

Affiant

TIN: _____

SUBSCRIBES AND SWORN TO before me this _____ day of
_____, 20 _____ Applicant/affiant exhibited to me his/her
Community Tax Certificate No. _____ issued on _____
at _____.

Notary Public

Doc.No. _____
Page No. _____
Book No. _____
Series of 20 _____

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APPROVED AND COUNTERSIGNED for the _____
For the solicitation or procurement of application for life/non-life insurance

Authorized Representative of the
Company

CERTIFICATE OF WAIVER

WE HEREBY CERTIFY:

That we know the applicant _____; that a thorough investigation has been made into his/her character, conduct and fitness; that he/she is of good moral character and worthy of a Certificate of Authority: and that he/she had experience in each of the kinds of insurance he/she proposes to write or solicit under the Certificate of Authority applied for.

That we have communicated with the former and present employees of the applicant and the replies have been satisfactory.

That to the best of our knowledge, information and belief, all statements and answers contained in the application have been in the handwriting of the applicant with respect to the questions applicable to him/her.

If and when the agency is terminated, written notice thereof will be given forthwith to the Insurance Commissioner together with the reason therefore.

In consideration of the Certificate of Authority to be issued to the above mentioned applicant, under the provision of Section 299 of the Insurance Code, we hereby waive, on behalf of.

(Company Name)

the right to appeal to the Secretary of Finance in case of revocation by the Insurance Commissioner of the certificate to be issued in favor of the above mentioned applicant and agree to cancel at once the contract of agency between said applicant and the company upon receipt of the notice of revocation.

Executed in _____ on _____

TIN _____.

By: _____
Authorized Representative of Company

N.B. No person, partnership, association or corporation required by Law to file an income tax return shall be issued a license to engage in any trade, business or occupation or practice a profession unless he shall have presented to the officer issuing such license or permit proof that he has filed his income tax return during the preceding year and that income taxes due have been paid thereon. For the purpose of this Act, a copy of such income tax return on which is shown a certification a statement by the Collector of Internal revenue or his duly authorized representative that the original has been filed with and received by him or a certification or statement by the Collector of Internal Revenue or his duly authorized representative that the aforesaid income tax return has been duly filed with and received by him even the copy of such income tax return, and the corresponding receipts showing payment of all income taxes due thereon, shall be sufficient proof.

Any person, partnership, association or corporation who obtain a license mentioned in the preceding paragraph without presenting the aforementioned certification of the Collector of Internal Revenue or his duly authorized representative under the pretext that he or it is required by law to file an income tax return when in truth he or it is so required, or under any other misrepresentation, shall be liable to fine of not more than Five Hundred pesos, or imprisonment of not more than one year or both, in the discretion of the Court. In the case of partnership, association, the manager or the equivalent officer thereof shall be held responsible and in addition, the license shall be revoked. (Section 1, republic Act No. 1538)