

**Annual Statement to be completed by Corporate Insurance Agents for annual renewal of Registration by the Supervisor of Insurance, Belize**

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**TO:** The Supervisor of Insurance  
2<sup>nd</sup> Floor  
Administration Building  
Belmopan  
Cayo District, Belize

Dear Sir/Madam,

Re: Renewal of Annual Registration as  Corporate Insurance Agent or  Sub-Agent

- (a) For Calendar year 200.....
- (b) Principal(s) now represented .....

This serves to confirm the following:-

1. Re Annual Registration fee payment

We enclose herewith the Flat \$500 fee per principal to be represented for the Calendar year 200.....

NB Flat Annual Registration Fees are payable by 31<sup>st</sup> March in the Calendar year for which it is payable.

2. That we  now write

And wish to confirm to write Insurance Business only for the following insurers-.

- a) .....
- b) .....
- c) .....
- d) .....

If otherwise, state:-

3. That we write and wish to continue to write insurance business only in the following classes and for the insurer(s) indicated next to the classes ticked:-

<u>Tick</u>	<u>Insurer's Name</u>	<u>Tick</u>	<u>Insurer's Name</u>
<input type="checkbox"/> AN-Annuities		<input type="checkbox"/> AS-Accident & Sickness	
<input type="checkbox"/> B-Bonds		<input type="checkbox"/> BI-Bond Investment	
<input type="checkbox"/> C-Credit		<input type="checkbox"/> CI-Critical Illness	
<input type="checkbox"/> CL-Creditor's Life		<input type="checkbox"/> CU-Credit Union Savings Life	
<input type="checkbox"/> D-Disability Income		<input type="checkbox"/> E-Employer's Liability	
<input type="checkbox"/> GL-General Liability		<input type="checkbox"/> I-Industrial Life	
<input type="checkbox"/> L-Liability		<input type="checkbox"/> MA-Marine, Aviation & Transit	
<input type="checkbox"/> MD-Medical		<input type="checkbox"/> MI-Mortgage Indemnity	
<input type="checkbox"/> MV-Motor Vehicle		<input type="checkbox"/> O-Ordinary Life	
<input type="checkbox"/> PL-Public Liability		<input type="checkbox"/> PN-Pension	
<input type="checkbox"/> PR-Property		<input type="checkbox"/> SF-Sinking Fund	
<input type="checkbox"/> T-Title			

4.  That NO Insurer has terminated any of our contracts nor have we terminated any contracts with any insurer, apart from the insurer(s) listed below and from the dates indicated.

<u>Insurer(s)</u>	<u>Termination Date(s)</u>
.....	.....
.....	.....
.....	.....

- 5.  That we have an continue to carry on Insurance business in accordance with sound insurance principles and practices (Section 80(1)(c)).
- 6.  That we have not been guilty of any fraudulent or dishonest practice (section 80(1)(f)).
- 7.  That we consider ourselves and our staff members to be competent, knowledgeable and fit and proper persons to carry on Insurance business for our Company in the class(es) of business for which we are registered (section 80(1)(g)).
- 8.  That we have not contravened any of the provisions of the Belize Insurance Act nor any conditions, direction or requirement imposed under the Act by the Minister or by the Supervisor nor have we been an accessory to the contravention thereof by any person (section 80(1)(h)).
- 9.  That we have not caused any insured to discontinue any policy of Insurance without first being satisfied on reasonable grounds that such discontinuance was to be for the benefit of the insured – apart from the following cases (here state any applicable cases). (Section 86(2)).

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- 10.  That we nor our representatives have made no oral, written or other statements in the conduct of our business which are or were misleading or were calculated to mislead the public or any insured or prospective insured (section 88).
- 11.  That we have not failed to pay over insurance premiums collected or delayed the pay over of such premiums excessively or beyond the period allowed us by the insurer(s) for whom we market insurance business.(section 88).
- 12.  That we have not been guilty of rebating or of offering a rebate of premium or other consideration or inducement to pay any person insured or applying for insurance in Belize.(section 91)
- 13.  That we have no other arrangement or agreement in place under which we represent or carry on business in Belize for any other insurer or reinsurance entity apart for those indicated in Q.3 above.
- 14.  That we maintain and will continue to maintain accurate records of all premiums collected and of the insurers on whose behalf we have collected those premiums.
- 15.  That we know of no reason why our insurance registration should not be renewed.

We confirm that the statements made above are all true, accurate and complete at the date of signature to the best of our knowledge and belief.

Given under my hand this ..... day of ....., 200...

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CEO of  Corporate Secretary