



Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
1071 United Nations Avenue
Manila

APPLICATION FOR INSURANCE AND/OR REINSURANCE BROKER'S LICENSE
(Under Chapter IV, Title 1 of the Insurance Code)

INSTRUCTIONS TO APPLICANTS
<p>This form is to be completed by each applicant for license as an insurance and/or reinsurance broker. This application will not be accepted unless all information called for are furnished and all documentary requirements prescribed by this Commission are attached.</p> <p>This application must be accompanied with a documentary stamp which shall be affixed to the license being applied for.</p>

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

To the Insurance Commissioner:

The undersigned hereby applies for a license as insurance broker reinsurance broker insurance and reinsurance broker, pursuant to the provisions of Chapter IV of the Insurance Code, as amended by Republic Act No. 10607, 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 nominated soliciting official 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) Principal Office Address:

 (b) Residential Address:

5. (a) Citizenship: _____
 (b) If a naturalized citizen of the Philippines, provide date and place of naturalization and attach a photocopy thereof.

 (c) If applicant is a foreigner, provide number, date and place of issuance of Alien Certificate of Registration and Immigrant Certificate of Residence and attach a photocopy thereof _____
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 final 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.

(Continue on separate sheet, if necessary)

10. If applicant is a partnership 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. Have you ever been licensed by this Office to act as insurance broker or agent? _____ If yes, please state the full circumstances.

13. 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.

14. Are you a licensed insurance agent? _____ If yes, state the name/s of the insurance company/ies you represent.

15. In the blanks below, state how you have been occupied during the last five years up to the date of this application, irrespective of whether employed or not.

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

(Continue on separate sheet, if necessary).

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

Name	Occupation	Post Office Address

Executed this ___ day of _____, at _____, Philippines.

Signature of Applicant

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.

Affiant

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20____, by the above-named applicant who exhibited to me his/her Community Certificate Tax No. _____ issued at _____, _____ 20____ at _____.

Notary Public

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