

Name of Agent: \_\_\_\_\_

OFFICE OF THE COMMISSIONER OF INSURANCE (OCI)  
Form 1A2R7.2 Application for Renewal Registration of Individual Agents

1. Name of the agent: \_\_\_\_\_
2. Agent's Date of Birth (dd/mm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
3. OCI's Registration # \_\_\_\_\_
4. Renewal for the year \_\_\_\_\_
5. Name of Insurer: \_\_\_\_\_

6. Was there a change of Insurer during the year? Yes/No

7. If yes to 6, please provide the name of the Insurer you currently work with  
\_\_\_\_\_

8. Please advise whether you have obtained additional qualification(s) during the year by indicating next to each of the relevant categories, which category or categories of insurance you are qualified to sell

Life Insurance

General Insurance

Class 1 General Life

Class 1 Accident & Liability

Class 2 Health

Class 2 Auto

Class 3 Annuities & Pensions

Class 3 Marine & Aviation

Class 4 Fire

and for each category indicated, please provide proof of qualification.

9. Are there any changes to your contact details in the Insurer during the year? Yes/No

10. If yes to 9, please provide us with your new contact details (this may be the Sales or Agency Manager), location and telephone number  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you an undischarged bankrupt after being registered by the OCI? Yes/No  
If no, please ignore 12

12. If yes to 11, please provide details  
\_\_\_\_\_  
\_\_\_\_\_

Name of Agent: \_\_\_\_\_

13. Were you convicted for an offence involving fraud or dishonesty or for a criminal offence after being registered by the OCI? Yes/No  
If no, please ignore 14

14. If yes to 13, please provide details  
\_\_\_\_\_  
\_\_\_\_\_

15. Subject to the information stated herein, have there been any changes to information provided in the previous application? Yes/No  
If no, please ignore 16

16. If yes to 15, please provide details  
\_\_\_\_\_  
\_\_\_\_\_

17. \* Please provide a copy of a police clearance. (\* generated on every fifth birthday eg. 25, 30)

18. Please attach proof of payment of the filing fee for the sum of two thousand dollars (\$2,000.00)

**Declaration**

I hereby declare that I have completed this form to the best of my ability and knowledge. I accept that further information may be required from me before this registration process is completed. If any part of this form is incomplete, unclear or incorrect I accept that the processing of this renewal application may be delayed and that I may be subject to fines as a direct result of this delay.

Signed by Agent: \_\_\_\_\_

Dated (dd/mm/yyyy) \_\_\_\_\_

**For Official Use Only**

Please indicate for this agent, the amount of credits earned during the year

\_\_\_\_\_  
\_\_\_\_\_

Signed by Sales or Agency Manager: \_\_\_\_\_

Dated (dd/mm/yyyy): \_\_\_\_\_