

To be an agent of FPG Insurance, you must adhere to the following requirements:

A. FOR ORDINARY AGENTS / SOLICITING OFFICIAL

- 1. Duly accomplished handwritten FPG INSURANCE CO., INC. and I.C. agency application questionnaire.
- 2. One (1) 1''x1'' photo with the applicant's name printed at the back.
- 3. Photocopies of the following:

Latest Income Tax Return (Form 1701) dully stamped "RECEIVED" by BIR.

- + Certificate of Registration (Form 2303)
- + Affidavit of current year's gross income
- + Non-life insurance exam result
- + SSS ID
- 4. For NEW insurance agents
 - + Submission to the IC of Certificate of Completion after 40 hours of non-life insurance training.
- 5. For LICENSED insurance agents
 - + Formal clearance or permission from other insurance companies represented that they interpose no objection with the applicant to represent FPG INSURANCE CO., INC.
- 6. Additional requirement for retired government employees
 - + Retirement papers
- 7. Additional requirement for government employees
 - + Permission from the Office of the President per Memo Circular No. 1035 dated November 1997.

B. FOR SOLE PROPRIETORSHIP

- 1. Duly accomplished handwritten FPG INSURANCE CO., INC. and I.C. agency application questionnaire.
- 2. Department of Trade and Industry (DTI) Certificate of Registration
- 3. Soliciting Official's application for insurance agent's license together with the requirements indicated under A and B.

C. FOR CORPORATION / PARTNERSHIP

- 1. Duly accomplished handwritten FPG INSURANCE CO., INC. and I.C. agency application questionnaire.
- 2. Certificate of Business Name with the Securities and Exchange Commission (SEC).
- 3. Audited Financial Statement or initial Financial Statement for newly organized company.
- 4. Latest General Information Sheet.
- 5. Board of Resolution designating the Soliciting Official
- 6. Soliciting Official's application for insurance agent's license together with the requirements indicated under items 1 and 2.

Department of Finance INSURANCE COMMISSION

APPLICATION FOR INSURANCE AGENT'S LICENSE

(Under Chapter IV, Title I of the Insurance Code)

To the Insurance Commissioner:				
Ins	The undersigned hereby applies for a license under the provisions of Chapter IV, Title I of the urance Code, to act as insurance/general agent of <u>FPG Insurance Co., Inc.</u>			
-	in respect of the kind of insurance			
Ind	icated herein:			
	NON-LIFE			
	Others (please specify)			
and	d for that purpose submits the following statements and information required herein.			
	(Agency Name if any)			
1.	Name of applicant:			
	(Sumane) (First Name) (Middle Name)			
2.	Agent Type: Ordinary Agent () General Agent ()			
3.	Home Address: Business address:			
	T I N: E-mail Address:			
	Mobile Number:			
4.	Birth a) Date:b) Place:			
5.	Citizenship: Sex: Civil Status:			
6.	If married, a) Maiden Name:			
0.	b) Husband's Name:			
7.	If naturalized citizen of the Philippines, give date and place of naturalization and attach photocopy of certificate of naturalization			
E	OR IC USE ONLY			
V	erified by:Date:_Processed by:Date:Approved by:			
Li	Date:Date:Date:CA No			
R	EMARKS:			

- 8. If applicant is a foreigner, give serial number, date and place of issue of alien certificate of registration (ACR) and the immigrant certificate of residence (ICR) for the current year and attach photocopy of each thereof_____.
- 9. If applicant is a partnership, association or corporation:
 - a) Attach a certified true copy of the certificate of registration, articles of partnership, association or incorporation and by-laws:
 - b) State percentage of Filipino participation in the partnership, association or corporation:
- 10. Any license previously granted to act as insurance/general agent in this country? State name of insurance company represented.
- 11. Have your filed your income tax return for the preceding year?_____If not give reason.
- 12. In the blanks below, state your last (2) employers.

Name of Employer	Position	Inclusive Dates

- 13. Are you an official or an employee of an insurance company or broker? If yes, give the position held.
- 14. Are you a government employee?____ If yes, attach the necessary clearance/permission from the Head of the Department or Agency in accordance with Section 18, of Memorandum Circular No. 15, series of 1999 of the Civil Service Commission.

Executed this	day of	20, at	
	, Philippines		

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 the contents thereof and the statements made and answers to question therein are true.

	Affiant		
	TIN _	TIN	
	SSS No		
SUBSCRIBED AND SWORN TO before me this	day of	20	
Affiant/s exhibited to me his/her		issued	on
	Notary	Public	
Doc. No Page No Book No Series of 20			
APPROVED AND COUNTERSIGNED for	FPG Insurance	Co., Inc.	

for the solicitation or procurement of application for life/variable/non-life insurance

Authorized Representative of the Company

Note: This form may be revised without prior notice.

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; he/she is of good moral character and worthy of a Certificate of Authority, and that he/she has 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 answer 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 Commission 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 –

FPG Insurance Co., Inc.
(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

Ву_____

Authorized Representative of the 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 o 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 or statement by the Collector of Internal Revenue or his duty authorized representative that the aforesaid 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 obtains 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 not 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 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)

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