

**TRINIDAD & TOBAGO INSURANCE INSTITUTE (TTII)**  
**EXEMPTION POLICY FOR GENERAL INSURANCE & LONG-TERM**  
**INSURANCE CERTIFICATES OF REGISTRATION**

*Overview*

The State Licencing Examinations (SLE) is the officially recognised educational qualification by the Central Bank of Trinidad and Tobago (CBTT) for persons desirous of becoming registered intermediaries in accordance with Part IV of the Insurance Act 2018 (as amended). Individuals possessing academic qualifications other than the SLE may be granted an exemption from the SLE, subject to meeting the set criteria; and may also apply to become registered intermediaries.

For these individuals, we have established an application process for exemption which is guided by this exemption policy.

*Governance*

The TTII's exemption requests are overseen by the members of the Council of Trustees (COT) whose functions include operating of a certifying authority with respect to the recognition of local, regional and international qualifications.

*Granting of Exemption Requests*

In order to be eligible for an exemption, the candidate must possess one or a combination of the following qualifications or any other qualification in the opinion of the COT is deemed to be equivalent to the SLE noted above. This may include the completion of courses to update the candidate to the local laws and practice:

Intermediaries	Programmes that are eligible to be considered for Exemption from SLE		
	<i>General Class of Insurance Business</i>	<i>Long-Term Class of Insurance Business</i>	<i>Other Institutes / Programmes</i>
Sales Representatives Agents Brokers Adjusters	1. UWI - BSc Insurance & Risk Management offered by the UWI St. Augustine Campus and / or an insurance related undergraduate degree from a recognised tertiary institution		1. CPCU (The Institutes)
			2. Internationally recognised tertiary institutions where due diligence performed has found to be satisfactory and industry relevant and satisfies the requirements under the IA 2018
	2. Chartered Insurance Institute (CII) - ACII (Associateship of the Chartered Insurance Institute) - Certificate - Diploma - Advanced Diploma - Fellowship of the Chartered Insurance Institute (FCII)	2. Academy of Life Underwriting - Associates of Life Underwriting - Associate, Academy of Life Underwriting (AALU) Designation and Diploma - Fellow, Academy of Life Underwriting (FALU) Designation and Diploma	
	3. • College of Insurance and Professional Studies – Jamaica o Associates Degree Insurance Management		

	4. • Insurance Institute of Canada o Certificate of Insurance Practice (CIP) o Advanced CIP o Fellow Chartered Insurance Professional (FCIP)	4. American College ChFC (Chartered Financial Consultant)	
	5. • Insurance Institute of Barbados o Barbados Diploma in Insurance	5. LIMRA - Agency Managers Training Course (AMTC) - Associates Insurance Agency Management - Chartered Insurance Agency Management	
	6. • Chartered Institute of Loss Adjusting (CILA) Certificate Diploma - Advanced Diploma - Associate Fellow Master of Research	6.LOMA - Fellow of Life Management Institute (FLMI)	

The following factors are also taken into consideration when reviewing an exemption request application:

- Experience in the classes of business for which the exemption is required
- Knowledge on necessary legislation e.g. Insurance Act 2018, Insurance Intermediaries Registration Regulations 2020 and any other deemed relevant by the COT
- Years experience in the industry
- Position(s) held and activities performed

## **HOW TO APPLY FOR EXEMPTION**

1. Individuals desirous of being granted an exemption from the SLE must complete the attached Exemption Request Form and submit with all supporting evidence to the TTII Co-ordinator at [coordinator@tti.org.tt](mailto:coordinator@tti.org.tt) .
2. A non-refundable application fee of TTD\$500 is payable on submission of the completed application.
3. The review and completion process is as stipulated on the application form.
4. Individuals will be informed accordingly upon completion of the review.



**TTII**

**TRINIDAD AND TOBAGO INSURANCE INSTITUTE**

46-50 PICTON STREET, NEWTOWN, PORT OF SPAIN, TRINIDAD, WEST INDIES (P.O.BOX 311)  
TEL: 1 (868) 628-5457, 1 (868) 628-2969, 1 (868) 628-1663 FAX: 1 (868) 622-4205; E-MAIL: [mail@ttii.org.tt](mailto:mail@ttii.org.tt)

**EXEMPTION/LETTER OF RECOMMENDATION REQUEST FORM**

**APPLICANT'S PERSONAL INFORMATION**

DATE: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_  
TITLE: ☐Mr. ☐Mrs. ☐Ms. ☐Miss  
FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
DATE OF BIRTH: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_ ID Number: \_\_\_\_\_  
(DP, National ID or Passport)  
TEL CONTACT: OFFICE \_\_\_\_\_ Ext \_\_\_\_\_ CELL \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_

**EXEMPTION REQUEST:**

EXEMPTED AS: ☐SALES REPRESENTATIVE ☐AGENT ☐BROKER ☐LOSS ADJUSTER

**CLASSES OF BUSINESS FOR WHICH EXEMPTION IS REQUIRED:**

***GENERAL INSURANCE***

☐Liability ☐Marine, Aviation and Transport  
☐Motor Vehicle ☐Pecuniary Loss  
☐Personal Accident ☐Property  
Short Term ☐Workmen's Compensation

***LONG TERM INSURANCE***

☐Accident and Sickness  
☐Disability Income  
☐Industrial Life  
☐Life

**EXAMINATION(S) COMPLETED:**

☐ LONG TERM INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_  
☐ GENERAL INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_  
☐ MOTOR INSURANCE CLAIMS INVESTIGATION & ADJUSTING M\_\_\_\_/D\_\_\_\_Y\_\_\_\_  
☐ OTHER (STATE): \_\_\_\_\_  
☐ DID NOT WRITE EXAMINATION IN THE INDUSTRY SINCE \_\_\_\_\_

COMPANY ATTACHED TO WHEN EXAM WAS COMPLETED: \_\_\_\_\_

**PLEASE TURN OVER! →**

Please provide a detailed resume outlining

- PLEASE GIVE REASONS FOR REQUEST BELOW AND ATTACH APPROPRIATE EVIDENCE TO SUPPORT REQUEST**

[illegible]

- Copy of National ID required for completion of application.
- \$500 payable in advance via online bank transfer  
CASH IS NOT ACCEPTED AT TTII's office.
- Process takes approximately fifteen working days on receipt of ALL required documents.

\_\_\_\_\_

{TTII ACCOUNTS USE ONLY}

Receipt No. \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**{TTII ADMIN USE ONLY}**

Entered by: \_\_\_\_\_

Checked by: \_\_\_\_\_