

Form 16
Application for Insurance Dispensation
(regulation 45)

Broker/Insurer/Reinsurer, do hereby apply for dispensation/exemption to place insurance outside Botswana in terms of sections 101 (3) of the Insurance Industry Act.

STATUS OF THE APPLICATION

- a. New
- b. Renewal
- c. Premium Adjustment
Previous Insurance Exemption (Dispensation) reference no:.....

TYPE OF APPLICATION

- a. Direct Insurance
- b. Reinsurance

REQUIREMENTS

- a. Complete all the pages of the application form
- b. Attach the required documents in section E

NB: *No dispensation will be approved by NBFIRA without meeting all the requirements as indicated in this application form.*

A. INFORMATION OF THE INSURED

- 1. Name of the Insured:.....
- 2. Company Registration Number:.....
- 3. Nature of Business:.....
.....
- 4. HQ Physical Address:.....
- 5. Contact Person (Full Name).....
 - a. Nationality:.....
 - b. Telephone No:.....
 - c. Fax No.:.....
 - d. Email Address:.....

B. DETAILS OF BROKER

- 6. Name of the Company:.....
- 7. Company Registration Number:.....
- 8. Nature of the Business:
Broker **Lloyd's Intermediary** **Insurer** **Reinsurer** **Other**
- 9. NBFIRA License Number:.....
- 10. Physical Address:
- 11. Telephone No.:.....
- 12. Fax No:.....
- 13. Email:.....
- 14. Principal Officer/CEO/ Manager (Full Name).....
 - a. Nationality:.....
 - b. Email Address:.....
 - c. P. O. Box:.....
 - d. Telephone:.....
 - e. Mobile Number:.....
 - f. Fax:.....

C. DETAILS OF THE INSURER OR REINSURER

DESCRIPTION	CURRENT (RE)INSURER	NEW (RE)INSURER
15. Name		
16. Company Registration No.		
17. Name of Regulatory Authority in Foreign Country		
18. Foreign License Number		
19. Foreign Market Name		
20. Physical Address		
21. Name of the Country		
22. Name of the City/Town		
23. Name of the Principal Officer/CEO/Manager		
a. Telephone no.		
b. Fax No.		
c. Email Address		

D. INFORMATION OF THE INSURANCE / REINSURANCE COVER

- 24. Policy number:(Where applicable):.....
- 25. Cover Period: Inception date.....Renewal/Ending Date.....
- 26. Name of the insured item (i.r.o aircraft, vessel, etc.).....
.....
- 27. Frequency of Premium payment:.....
- 28. Limit of Liability:.....
- 29. Period of Validity:.....
- 30. Premium to be Paid:.....
- 31. Due date(s) for Premium payment:.....

E. DISPENSATION / EXEMPTION APPLICATION CONDITIONS:

The following documents are attached:

- a. Copy of Registration Certificate from the Regulator of the foreign (re) insurer
- b. A copy of a quotation by a foreign (re) insurer
- c. A copy of a policy schedule/slip with the terms & conditions by a foreign (re) insurer

d. Negatives slips from local insurers/reinsurers

e. Copies of quotations by local insurers/reinsurers

F. DECLARATION

I hereby warrant that in terms of the Insurance Industry Act that by signing this document I guarantee that all the above information is true and accurate and can be relied on and that I will disclose all necessary material information that may be required by NBFIRA.

Signature:.....

Full Name:.....

Date:.....

Place:.....

APPENDIX A: INSURANCE CLASS AND SCOPE OF COVER: Please tick the Class & Subclass with (✓) and complete the details of the cover

Insurance Class	Type of Insurance or Reinsurance	Premium to be paid	Details of policy	Limit of Indemnity	Name of External Insurers	Insurer/Agent Placing	Duration	Premium Leaving Botswana
Classes of General Insurance Business								
1. Accident								
2. Engineering								
3. Health								
4. Property								
5. Guarantee								
6. Liability								
7. Miscellaneous								
8. Motor								
9. Transportation								
Classes of Long-Term Insurance Business								
1. Disability								
2. Health								
3. Fund								
4. Life								
5. Sinking Fund								

OTHER, please specify:

APPENDIX B: QUARTERLY REPORT INFORMATION REQUIRED ON BUSINESS PLACED

DETAILS OF INSURED	DETAILS OF INSURER/REINSURER (WITH WHICH PLACEMENTS ARE DONE) (LOCAL AND FOREIGN)	CLASS AND SUBCLASS	TYPE OF INSURANCE AND REINSURANCE	PREMIUM	FREQUENCY	TERM	CURRENCY	GROSS COMMISSION
1.								
2.								
3.								
4.								
5.								