

**APPLICATION FOR REGISTRATION OF AN
ADJUSTER**

(Applicable to individual or corporate adjusters)

(If necessary, applicant may continue a response on an attached page)



1. Name, address and date of birth of applicant (individual) or manager, controlling director, partner, etc., as the case may be of the applicant body:
.....
2. Name and Principal address of the business of applicant (individual or corporate)
.....
.....
3. Name(s) of insurance company (or companies) for which applicant is to be a loss adjuster initially.....
.....
.....
4. Principal office in Jamaica of company (companies) named in 3 above
.....
.....
.....
5. Is/are the company/companies registered under the Insurance Act to carry on insurance in Jamaica?.....
.....
6. Relevant classes of business for which the applicant or applicant body is seeking registration :

<input type="checkbox"/> Accident Insurance Business	<input type="checkbox"/> Liability Insurance Business
<input type="checkbox"/> Marine Aviation and Transport	<input type="checkbox"/> Motor Vehicle Insurance Business
<input type="checkbox"/> Pecuniary Loss Insurance Business	<input type="checkbox"/> Property Insurance Business
<input type="checkbox"/> Industrial Insurance Business	<input type="checkbox"/> Ordinary Long-Term Insurance Business
<input type="checkbox"/> Sickness and Health Insurance Business	
7. Are you a member of any association of loss adjusters?.....
(Name of association if any).....
8. Were you such a member and ceased being one?
9. Have you applied for membership in such an association?.....
10. Is applicant or any director, manager or partner or senior officer of the applicant body an undischarged bankrupt?.....

etc.) by applicant or each director, manager or partner or senior officer of the applicant body

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.....

18. Give details of experience as a loss adjuster, e.g., number of years, class of business, name of companies, etc. In the case of a partnership or company applying for registration give details of experience and employment of senior staff attached to organization

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.....

19. Has any director, partner, manager, senior officer or individual applicant been convicted of an offence involving fraud or dishonesty? If so, give details

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.....

20. Submit latest reports made to the insurance company and latest audited Profit and Loss Account and Balance Sheet of the applicant organisation.

Declaration: (to be signed by individual or each director, manager, or partner, as the case may be, of the applicant body).

I/We the undersigned declare that the replies given in this application form are to the best of my/our knowledge and belief true and correct.

Name:..... Signed:..... Date.....
(Print name & position)

Name:..... Signed:..... Date.....
(Print name & position)

Name:..... Signed:..... Date.....
(Print name & position)

Name:..... Signed:..... Date.....
(Print name & position)

Testimonial: (in respect of person named at item 1.)

Icertify that

.....is known to me.

He/She is a person of good character and is otherwise a fit and proper person to carry on business as an adjuster or to occupy the position of:

.....
(specify the position held, e.g., manager, controlling director, partner, etc.)

with
(name of loss adjuster).

Name:.....Signed:..... Stamp.....
(Print name & position)

(Capacity of individual signing testimonial should be indicated i.e. Justice of the Peace, Notary Public, Minister of Religion, Police Officer above the rank of Inspector or Resident Magistrate)

Date