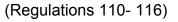
## FIFTEENTH SCHEDULE





## APPLICATION FOR REGISTRATION OF INSURANCE BROKERS, SALES REPRESENTATIVES, LOSS ADJUSTERS AND INSURANCE AGENTS

## PART C-APPLICABLE TO CORPORATE AGENTS

,	
Name(s) of insurance company (or comp	panies) for which applicant is to be a registered
Principal office (offices) in Jamaica of co	mpany (companies) named in 3
Is/are the company/companies registered	under the Insurance Act to carry on insurance in
	the insurance company(ies) at above is (are)
☐ Accident Insurance Business	☐ Liability Insurance Business
☐ Marine Aviation and Transport	☐ Motor Vehicle Insurance Business
☐ Pecuniary Loss Insurance Business	☐ Property Insurance Business
☐ Industrial Insurance Business	☐ Ordinary Long-Term Insurance Business
☐ Sickness and Health Insurance Bus	iness
	partner or senior officer of the applicant body an

8.

If so, has he/she received leave by the Court by which he/she was adjudged bankrupt, to

	be an insurance agent?
9.	Give documentary proof of leave.
10.	Is applicant registered as a broker or has he/she (or the body of persons) applied for registration as a broker under Part IV of the Insurance Act?
11.	Did the applicant carry on business as an agent within the last 12 months?
12.	If so, state for which company or companies and for which class or classes of business.
13.	Submit certified copy of agency agreement with insurance company or principal agent. Give summary of each such agreement and state commissions payable or other method of remuneration
14.	Give details of shareholding or interest in any insurance brokerage business or undertaking of each member of staff, including directors and partners and their immediate families.
15.	Give details of all training and qualifications held (including copies of certificates, diplomas, etc.) by applicant or each director, manager or partner or senior officer of the applicant body
16.	Give details of experience as an insurance agent, 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
17.	Has any director, partner, manager, senior officer or individual applicant been convicted of an offence involving fraud or dishonesty? If so give details

18.

Submit latest agency returns made to the insurance company or principal agent and latest

	audited Profit and Loss Account and Balance Shee	t of the applicant organizations.	
19.	Give detailed list of all assets and liabilities held (and places where held) for the relevant		
	insurance company (or companies) or principal a	agent in respect of which your agency	
	registration application pertains. This list should be	be certified by an auditor and should be	
	for a period not earlier than three months before th	e date of application	
20.	The names and addresses of all the banks in which	h the applicant has accounts. All bank	
	accounts in which the funds are beneficially	owned by the insurance company	
	(companies) or principal agents to which your a	gency registration application pertains	
	should be stated separately. The nature of the app	plicants use or control of all assets and	
	bank accounts of his principals existing in Jamaica	should be indicated in detail.	
Decl	aration:		
I/We	the undersigned declare that the replies given in the	his application form are to the best of	
my/o	ur knowledge and belief true and correct.		
Signe	ed	Date	
Signe	ed	Date	
Signe	ed	Date	
Testi	imonial		
I		certify that	
	is kn	own to me.	

He/She is a person of good character and is otherwise a fit and proper person to carry on business as an agent or to occupy the position of
Specify the position held, e.g., manager, controlling director, partner*, etC.  with the
Name of agency.
Signed
i.e. Justice of the Peace, Notary Public, Minister of Religion
Police Officer above the rank of Inspector or Resident Magistrate
Date