

FIFTEENTH SCHEDULE
(Regulations 110- 116)



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

PART C-APPLICABLE TO CORPORATE AGENTS

1. Name and date of birth of manager, controlling director, partner, etc., as the case may be:
.....
2. Principal address (*addresses*) in Jamaica
3. Name(s) of insurance company (or companies) for which applicant is to be a registered agent
4. Principal office (offices) in Jamaica of company (companies) named in 3
.....
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 insurance company(ies) at above is (are) registered:

<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. Is applicant or any director, manager or partner or senior officer of the applicant body an undischarged bankrupt?.....
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 Sheet 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 agent in respect of which your agency registration application pertains. This list should be certified by an auditor and should be for a period not earlier than three months before the date of application.....

.....

20. The names and addresses of all the banks in which 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 agency registration application pertains should be stated separately. The nature of the applicants use or control of all assets and bank accounts of his principals existing in Jamaica should be indicated in detail.

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Declaration:

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.

Signed..... Date

Signed..... Date

Signed..... Date

Testimonial

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 agent or to occupy the position of

.....

Specify the position held, e.g., manager, controlling director, partner, etc.*

with the

.....

Name of agency.

Signed

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

*cross out irrelevant words