

FIFTEENTH SCHEDULE
(Regulations 110- 116)



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

PART B-APPLICABLE TO COMPANIES OR PARTNERSHIPS

Application for registration as a broker by a company or partnership or other body of persons

1. Name of company or other body.....
.....
2. Principal address in Jamaica
.....
3. Date and place of incorporation or formation.....
4. Give registration number of the company under the Companies Act, if any
.....
5. Summary of main or proposed main objects of the company (attach statement where necessary)
.....
.....
6. Amount of authorized and paid-up capital (attach latest audited Profit and Loss Account and Balance Sheet)
7. Give names, place and date of birth of each director, manager or partner and senior officer.....
8. Relevant classes of business for which it is hoped to carry on business as a broker in Jamaica

<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	

9. Is any director, manager or partner an undischarged bankrupt?
10. If so, has he/She (they) received leave by the Court by which he/she (they) were adjudged bankrupt to carry on business as an insurance broker in Jamaica?.....
11. Give documentary proof of leave
12. Does any director, partner, manager or senior officer of the organization hold shares in an insurance company or a company which is an agent for an insurance company?.....
13. Give details.....
14. Was the company carrying on business within the last 12 months as an insurance broker in Jamaica ?.....
15. If so for which relevant classes of insurance business?.....
.....
16. Give details of all training and qualifications held by each director manager or partner including copies of certificates, diplomas, etc.)
.....
.....
.....

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

We the undersigned, being directors, managers or partners of

 declare that the replies given in this application form are to the best of our knowledge and belief true and correct. We further declare that no agreement relating to the preferential offer of insurance has been made between
(names of company, partnership, etc.) and any person carrying on insurance business as might impair our impartiality in placing insurance business.

Signed.....Date

.....Date

.....Date

.....Date