



FIFTEENTH SCHEDULE
(Regulations 110- 116)
APPLICATION FOR REGISTRATION OF INSURANCE BROKERS, SALES
REPRESENTATIVES, LOSS ADJUSTERS AND INSURANCE AGENTS

Application for Registration of Insurance Broker

PART A-APPLICABLE TO INDIVIDUALS ONLY

1. Name of applicant
2. Business address
3. Date of birth.....Place of birth.....
4. 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 | |

5. Are you an undischarged bankrupt?.....
6. If so, have you received leave by the Court by which you were adjudged bankrupt, to be an insurance broker?.....
7. Give documentary proof of leave.
8. Are you registered or have you applied for registration as a sales representative or agent under Part III of the Insurance Act?.....
9. Were you carrying on business as a broker within the last 12 months?.....

10. If so for which class or classes of business?.....
11. Give details of all training and qualifications held (including copies of certificates, diplomas, etc.)
.....
12. Give full details of all experience and employment in insurance business as a broker or in any other category (from date of entry to current date).....
.....
13. Will you be a full time or part time broker?
14. Have you ever been convicted of any offence involving fraud or dishonesty?.....
.....
15. Do you own shares in any insurance company or in any company which acts as an agent of an insurance company?
16. If you are a member of a brokers' association or other professional body, state name of association or body, and address
.....
17. If you are not such a member, give reasons
.....
18. If you, or your wife/husband or children or parents hold shares in any insurance company or any company acting as agent of an insurance company, state the name of each company, the name of the holder and the number of shares held
.....

I declare that the replies given in this application form are to the best of my knowledge and belief true and correct. I further declare that no agreement relating to the preferential offer of insurance has been made between me and any person carrying on insurance business as might impair my impartiality in placing insurance business.

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 Insurance Broker registered under the Insurance Act.

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