

**APPLICATION FOR REGISTRATION OF
AN INSURANCE CONSULTANT
(Individuals)**



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

1. Name of applicant:
2. Home Address:.....
3. Present occupation:.....
4. Business address
5. Date of birth.....Place of birth.....
6. Relevant classes of business for which it is hoped to carry on business as an insurance consultant 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	
7. Are you an undercharged bankrupt?.....
8. If so, have you received leave by the Court by which you were adjudged bankrupt, to be an insurance consultant?.....
9. Give Documentary proof of leave.
10. Are you registered or have you applied for registration as a sales representative, agent or broker under Part IV of the Insurance Act?.....
11. Were you carrying on business as an insurance consultant within the last 12 months?.....
12. If so for which class or classes of business?.....
13. Give details of all training and qualifications held (including copies of certificates, diplomas, etc.)
.....
.....

Give full details of all experience and employment in insurance business as an insurance consultant or in any other category including names of companies and years during which employed by each company, etc., and whether or not dismissed from any of the named companies and reasons for such dismissal:.....
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14. List places of employment during the last 10 years

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15. Will you be a full time or part time insurance consultant?
16. Have you ever been convicted of any offence involving fraud or dishonesty?.....
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17. Do you own shares in any insurance company or in any company which acts as an agent of an insurance company?
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18. If you are a member of any insurance-related association or other professional body, state name of association or body, and address
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19. If you are not such a member, give reasons
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20. Have you applied for membership in any such association/body?..... If yes, which?.....
21. 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, or any brokerage state the name of each company, the classes of insurance business for which registered, the name of the holder, the number of shares held and the percentage of shares held...(See format below. May attach and extend table if necessary.).....

Name of director, partner, manager or senior officer and Position	If relative holds shares - relationship of holder	Company/ Agency/ Brokerage in which shares held	Classes of Insurance Business for which registered?	No. of shares held	% of shares held

DECLARATION

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 preferential treatment has been made between me and any person carrying on insurance business as might impair my impartiality in giving advice on 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 Consultant 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