

PART E-APPLICABLE TO INSURANCE INVESTIGATORS

(Applicable to Corporate and Partnerships)

1. Name of company or other body
.....
2. Principal address in Jamaica
.....
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3. Date and place of incorporation or formation.....
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4. Give registration number of the company under the Companies Act, if any
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5. Summary of main or proposed main objects of the company (attach statement where necessary).....
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6. Give names, place and date of birth of each director, manager or partner and senior officer
.....
.....
.....
7. Relevant classes of business for which the applicant body is seeking registration:

<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	
8. Is the company a member of any association of loss adjusters?.....
..... (Name of association if any)
9. Was it a member and ceased being one?

10. Has the company applied for membership in such an association?.....
11. Is any director, manager or partner or senior officer an undischarged bankrupt?
.....
12. If so, has he/she (they) received leave by the Court by which he/she (they) were adjudged bankrupt, to be an **insurance investigator**?
13. Give documentary proof of leave.
14. Give details of shareholding or interest in any insurance brokerage business, insurance agency, or insurance company, or undertaking of each member of staff, including directors and partners and their immediate families
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15. Did the company carry on business as an insurance investigator within the last 12 months?
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16. If so, state for which insurance company or companies and for which class or classes of business.
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17. Give details of all training and qualifications held (including copies of certificates, diplomas, etc.) by each director, manager or partner or senior officer
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18. Give details of experience of insurance investigation, e.g., number of years, class of business, name of companies, etc. of senior staff attached to organization
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19. Attach latest financial statements of the company.

Declaration:

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.

Name:.....Signed:.....Date.....
(Print name & position)

Name:.....Signed:.....Date.....
(Print name & position)

Name:.....Signed:.....Date.....
(Print name & position)