

FIFTEENTH SCHEDULE

(Regulations 110- 116)



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

PART D-APPLICABLE TO INSURANCE SALES REPRESENTATIVE

1. Name of applicant:.....
2. Date of birth
3. Present occupation:.....
4. Address:
-
5. Name of company, broker, or agent for which applicant is/will be a sales representative:
6. Address of principal office in Jamaica of company/ broker/ agent for which applicant is/will be a sales representative:
-
7. Class / Classes of insurance business that applicant will sell in Jamaica
 - Accident Insurance Business
 - Marine Aviation and Transport
 - Pecuniary Loss Insurance Business
 - Industrial Insurance Business
 - Sickness and Health Insurance Business
 - Liability Insurance Business
 - Motor Vehicle Insurance Business
 - Property Insurance Business
 - Ordinary Long-Term Insurance Business
8. Places of employment during last 10 years:
-
-
9. Are you a member of any association of insurance sales representatives?.....
..... (*Name of association if any*)
10. Were you such a member and ceased being one?
11. Have you applied for membership in such an association?.....
12. If you hold any shares in any insurance company or any company carrying on business as an insurance broker or agent state:

13. Name of company:
14. Number of shares held by you
15. Class/Classes of business which company is registered under the Insurance Act to carry on in Jamaica:
16. Are you an undischarged bankrupt?
17. If so, have you received leave (by the Court by which you were adjudged bankrupt) to be an insurance sales representative?.....
18. Give documentary proof of leave.
19. Are you registered as a broker (or have you applied for registration as a broker) under Part IV of the Insurance Act?.....
20. Were you an insurance sales representative within the last 12 months?.....
21. If so, with what company and for which class or classes of business?
.....
.....
.....
22. Give details of all training and qualifications held (attaching copies of certificates, diplomas, etc.):
23. Give details of experience as insurance sales representative, such as, number of years, classes of business, name 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:.....
.....
.....
24. Will you be a full time or part time sales representative?
25. Have you ever been convicted for an offence involving fraud or dishonesty? IF SO, give details.....
.....
.....

I declare that the replies given in this application form are to the best of my knowledge and belief true and correct.

Signed:

Date:

Signature witnessed by:

Date:

Testimonial to be signed by a J.P., Minister of Religion, Notary Public, Attorney-at-Law or Police Officer not below the rank of Assistant Superintendent.

I.....certify that.....
is known to me. He/She is a person of good character and is otherwise a fit and proper person to be a sales representative under the Insurance Act.

Signed:

(J.P./Minister of Religion/Notary Public/Attorney-at-Law/Police Officer not below the rank of Assistant Superintendent).

Date:

Note: This application should be accompanied by a signed statement by the principal officer in Jamaica of the company for which the applicant works/will work that the applicant is or will be a sales representative for that company.