



APPLICATION FOR REGISTRATION AS AN ADJUSTER (INDIVIDUAL)

(Sections 110 to 124)

The Insurance (Intermediaries) Registration Regulations, 2020 ("Regulations")

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO ("the Central Bank")

I, _____ (BLOCK LETTERS), (the Applicant) hereby apply for registration to carry on the business of an **Insurance Adjuster** in respect of the type and class(es) of Insurance business stated in section B herein.

- ☐ First Application for Registration.¹
- ☐ Application for Re-Registration, where an Adjuster has failed to submit an application for renewal at least twenty (20) business days before the expiration of the Certificate of Registration.

DIRECTIONS ANSWER ALL QUESTIONS

1. The term "Classes of Insurance business" means the classes of Insurance Business listed in Schedule 1 of the Insurance Act, 2018.
2. (a) The certificate in **Section E** must be signed by
 - (i) the Chief Executive Officer/Managing Director and the Secretary of the Corporate Adjuster with which the Applicant is employed;
 - (b) Imprint the official stamp of the Adjuster Company;
 - (c) The Applicant must sign at the end of Section E.
3. This application must be accompanied by:
 - ☐ The official receipt CB16 obtained from the Central Bank on payment of the registration fee of **\$3,500.00** (for an Individual Adjuster);
 - ☐ A Personal Questionnaire and Declaration Form;
 - ☐ A Certificate of Character issued by the Trinidad and Tobago Police Service within the last six months (**original or certified copy**);
 - ☐ A copy (in colour) of valid form of photo identification (DP, PP, or National ID) (**certified**);
 - ☐ A Curriculum Vitae (signed and dated);Proof of:
 - ☐ (a) Passing examinations for the relevant class(es) of insurance business or claim to exemption from examinations²;
 - ☐ (b) Filing of Continuous Professional Development (CPD) Returns (**where applicable**).
 - ☐ Written explanation for failing to submit an application for renewal not later than twenty (20) business days before the expiration of the Certificate of Registration (where applicable).
4. The Central Bank must be notified of all changes in the home address and any other material changes in the registration particulars within five (5) business days of the change.
5. If an individual adjuster is employed by and intends to carry on the business of an adjuster through a company, other than an insurer, the company must also be registered as an Adjuster.

¹ The first application for registration refers to the initial application a person submits to be registered as an adjuster or when applying to be registered for a new class or type of insurance business.

² See regulation 18 of the Regulations and Regulation 20 of the former Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations No. 12 of 1982.



PARTICULARS OF APPLICATION

A. PERSONAL PARTICULARS OF APPLICANT

1. Full Name of Adjuster in Block Letters:

Mr. ☐ / Mrs. ☐ / Ms. ☐ / Dr. ☐ Surname: _____ First Name: _____

2. Address: Home: _____

Mailing (if different from above): _____

3. Date of Birth: _____ 4. Age: _____

5. Nationality: _____

6. Telephone Number:  (Home) _____ (Work) _____ (Mobile) _____

7. Fax Number: _____

8. E-mail address: _____ 9. Occupation: _____

10. Member of any Insurance Adjusters Association in Trinidad and Tobago? ☐ Yes ☐ No

11. Name of Adjuster Company recommending the applicant (if applicable):

B. PARTICULARS OF REGISTRATION

12. Indicate by a tick in the appropriate box the class/classes of Insurance business in respect of which this application for registration is made.

Types and Classes of Insurance Business

LONG TERM INSURANCE

- (i) Accident and Sickness ☐
- (ii) Disability Income ☐
- (iii) Industrial Life ☐
- (iv) Life ☐

GENERAL INSURANCE

- (v) Liability ☐
- (vi) Marine, Aviation and Transport ☐
- (vii) Motor Vehicle ☐
- (viii) Pecuniary Loss ☐
- (ix) Personal Accident Short Term ☐
- (x) Property ☐
- (xi) Workers Compensation ☐

Instructions for No. 13:

1. This question only applies to Adjusters who are-
 - (a) applying to be registered under a new class/type of insurance business; or
 - (b) required to submit a new application after having missed the deadline to submit an application for renewal of registration.
2. In the case of persons applying under paragraph 1(b) above, please provide a written explanation for not renewing on time. The question does require a repeat of your answers to question 12.
13. Other Class/Classes and/or Type of Insurance Business in respect of which you are now registered as an Adjuster or explanation for not renewing on time (whichever is applicable).

14. Details of any previous registration which was terminated or cancelled, the reasons for the cancellation/termination and the effective date(s).



PARTICULARS OF APPLICATION

C. QUALIFICATION AND EXPERIENCE:

15. (a) List all qualifications and attach copies of supporting documents:

(b) Include on a separate sheet, full details of your experience as an Insurance Adjuster providing the dates and the name of the company(ies) with which you were registered to conduct the business of an Insurance Adjuster

(c) Date of examination(s):

☐ Tick this box if you were exempted from the examinations referred to in the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations No. 12 of 1982 by the Central Bank.

D GENERAL INFORMATION

16. Are you registered as an Insurance Consultant? Yes ☐ No ☐

17. Are you a significant or controlling shareholder, director, officer or an employee of an Agency or Insurer?

Yes ☐ No ☐

If Yes, give details.

18. Will you act full time as an Adjuster Yes ☐ No ☐

If No give details:

Instructions for No. 19: This question only applies to individual Adjusters who are required to submit a new application after having missed the deadline to submit an application for renewal of registration. Please enclose CPD return and the written verification from the approved educational institution with this application for renewal of registration. The CPD return must be endorsed by the Company with which you conduct business. If your CPD hours were pro-rated, enclose evidence to support a pro-ration in accordance with regulation 12(3) of the Regulations.

E CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

19. (a) Have you met the CPD requirements for the period? Yes ☐ No ☐

(b) If No, was a prorated CPD granted? Yes ☐ No ☐

(c) If Yes to (a) above, how many credits were earned? 12 ☐ >12 ☐

(d) If more than 12, indicate the number of credits being carried forward³ 1 ☐ 2 ☐

(e) Indicate the name of the Approved Educational Institute(s) and the reason for prorating in accordance with regulation 12(3) of the Regulations.

³ Where an Adjuster earns CPD hours in excess of the minimum yearly requirement referred to in regulation 12(1) of the Regulations, up to two of the excess CPD hours may be carried into the following CPD year.



PARTICULARS OF APPLICATION

(f) Indicate the CPD points earned in the following areas:

- Insurance Business: (Minimum 4 hrs.)
- Ethics: (Minimum 4 hrs.)
- Laws and Regulations: (Minimum 2 hrs.)
- Other⁴ (Specify): (Minimum 2 hrs.)

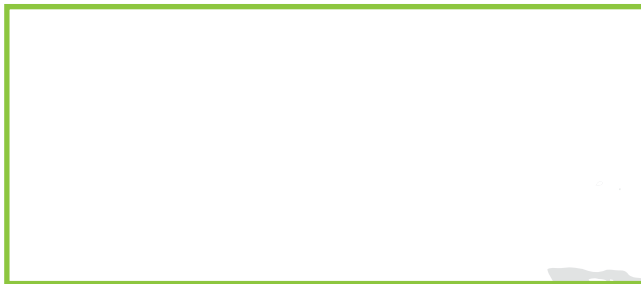
20. I certify that to the best of my knowledge and belief all the information given in this application is true and correct.

DATE SIGNATURE OF APPLICANT
(mm/dd/yyyy)

Instructions for No. 21:

1. This section only applies where the Applicant is employed by and/or will be acting through a registered Adjuster Company.
2. The Adjuster Company, through its Managing Director/CEO on behalf of the Board of Directors, must have the appropriate delegation or authority to endorse this application by signing and stamping this form. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.

21. We certify that the Applicant is employed with the above named Insurance Adjuster Company (**at #11**) which has been registered under the Insurance Act 2018 to carry in the class of insurance.



Imprint Adjuster Company stamp

Name of Managing Director/CEO of the Adjuster Company
(Block Letters):

.....

Signature Date

(mm/dd/yyyy)

Name of Director (Block Letters):

.....

Signature Date

(mm/dd/yyyy)

Name of Secretary of the Adjuster Company (Block Letters):

.....

Signature Date

(mm/dd/yyyy)

⁴ In addition to CPD on insurance business, ethics and legislation, Adjusters may undergo CPD in other areas relevant to the business they carry on (e.g. training on sales and customer relations, new technological developments, etc.)

PARTICULARS OF APPLICATION

INDIVIDUAL ADJUSTER CHECKLIST

SUPPORTING DOCUMENTS:

1. PERSONAL QUESTIONNAIRE DECLARATION FORM
2. POLICE CERTIFICATE OF CHARACTER (**Original /Certified**)
3. PROOF OF QUALIFICATIONS/EXEMPTIONS
4. COPY OF PHOTO IDENTIFICATION (**Valid & Readable**) (**Certified**)
5. CPD RETURN (**where applicable**)
6. WRITTEN EXPLANATION FOR FAILING TO SUBMIT AN APPLICATION (**where applicable**).
7. PROOF OF PAYMENT OF APPLICABLE FEE (\$3,500.00)
8. OTHER.

SUBMITTED

□ □ □ □ □ □ □ □

The Adjuster company verifies that due diligence⁵ was conducted and all questions on the application form were completed.

d. ☐

[illegible]

Imprint Adjuster Company stamp

Name of the Applicant

.....(Block Letters):

Signature Date.....
(mm/dd/yyyy)

Name of the CEO/Managing Director of the Adjuster Company⁶

.....(Block Letters):

Signature Date.....
(mm/dd/yyyy)

⁵ Due Diligence - the agency confirms that to the best of their knowledge they have conducted the requisite searches and the applicant does not have any past or pending criminal charges.

⁶ Where applicable