



APPLICATION FOR REGISTRATION AS AN ADJUSTER (CORPORATE)

(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), hereby apply on behalf of the company named below for registration to carry on the business of an **Insurance Adjuster** in respect of the class(es) of Insurance business stated in **section B** herein.

- ☐ First Application for Registration¹
- ☐ 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. "Controlling Shareholder and significant shareholder" have the same meaning as defined in the Central Bank's Insurance Act, 2018.
3. This application must be accompanied by the following for each Director, Significant or Controlling Shareholder, Officer and 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 a valid form of photo identification (DP, PP, National ID) (**certified**);
- ☐ An up to date Curriculum Vitae (**signed and dated**)

In addition:

- ☐ The official receipt CB16 obtained from the Central Bank on payment of the registration fee of \$6,500.00 for an Adjuster Corporate.
- ☐ 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**).
- ☐ Annual Return (for Companies in operation for more than 1 year)

4. For a new corporate body /first time applicant the following documents must be submitted:
 - i. Notice of Directors/Notice of Change of Directors;
 - ii. Notice of Secretary/Assistant Secretary/ Notice of Change of Secretary;
 - iii. Articles of Incorporation;
 - iv. Certificate of Incorporation
 - v. Bye laws or other constituent document
 - vi. Notice of registered address
5. (a) The application form must be signed by the Managing Director of the Adjuster/Company; another Director and the Secretary of the Adjuster/Company; and
(b) Imprint the official stamp of the Adjuster/Company.
6. 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.


¹ The first application for registration refers to the initial application submitted to be registered as an Adjuster for the first time or when applying to be registered with **a new class or type** of insurance business..

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



PARTICULARS OF APPLICATION

A. PERSONAL PARTICULARS OF APPLICANT

- 1 (a) The name of Adjuster Company:
- (b) The registered address of the Adjuster Company:
- (c) Telephone Number:  (Work) (Mobile)
- (d) Fax Number:
- (e) E-mail address:
- (f) Endorsement of the Adjuster company:
- 2 The name of the person resident in Trinidad and Tobago appointed as Managing Director/Chief Executive Officer of the Adjuster.
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3. Date (mm/dd/yyyy) and place of incorporation or formation.
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-
4. Summary of authorized activities of the Company as per Company Registration.
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- 5 The amount of:
- (i) Authorised capital:
- (ii) Paid up capital:

B. PARTICULARS OF REGISTRATION

6. 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

LIFE 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 ☐



PARTICULARS OF APPLICATION

Instructions for No. 7:

This question only applies to Adjuster Companies that are applying to be registered under a new class/type of insurance business that are required to submit a new application after having missed the deadline to submit an application for renewal of registration. In addition, a written explanation must be provided for the failure to submit an application for renewal within the twenty (20) business days before the anniversary date of issue of the Certificate of Registration.

7. Details of any previous registration which was terminated or cancelled including the reasons for cancellation/termination, and the effective date.

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8. The Officer or Officers to be specified in the Certificate or registration of the Company (See Direction No.2)

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C. GENERAL INFORMATION

9. Are you registered as an insurance consultant? Yes ☐ No ☐

10. Are you a significant or controlling shareholder, director or officer of an agency or insurer? If so give details.

Yes ☐ No ☐

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11. Are you a member of an association of Insurance Adjusters or other Insurance Association? If so, give the name and address of the Association.

Yes ☐ No ☐

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12. Has the latest Annual Returns for your Adjuster been filed with the Registrar of Companies?
If Yes, please provide a certified copy of the Adjuster's Return; if No, provide an explanation

Yes ☐ No ☐

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13. What is the financial year end of the company ?
(mm/dd/yyyy)

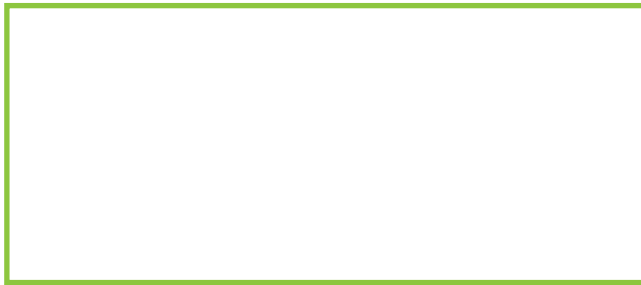
Instructions for No. 14:

- (a) The Managing Director/CEO must have the appropriate delegation from the Board of Directors of the Insurance Adjuster Company to sign and stamp this form.
- (b) At least two directors or Managing Director and Secretary must endorse this application by signing and stamping this form.
- (c) Appropriate corporate governance mechanisms must be implemented to that effect to (a) and (b) above, if not already in place.

14. We certify that to the best of our knowledge and belief all the information given in this application is true and correct.



PARTICULARS OF APPLICATION



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)



PARTICULARS OF APPLICATION

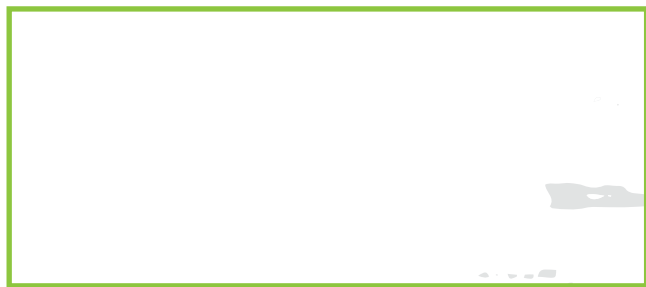
ADJUSTER (CORPORATE) CHECKLIST

SUPPORTING DOCUMENTS:

1. PERSONAL QUESTIONNAIRE DECLARATION FORM (Directors & Officers)
2. POLICE CERTIFICATE OF CHARACTER (ORIGINAL/CERTIFIED) (Directors & Officers)
3. PROOF OF QUALIFICATIONS/EXEMPTIONS
4. CERTIFICATE OF INCORPORATION
5. ARTICLES OF INCORPORATION
6. PROOF OF PAYMENT OF APPLICATION FEE (\$6,500.00)
7. BYE LAWS
8. NOTICE OF DIRECTORS/CHANGE OF DIRECTORS
9. NOTICE OF SECRETARY/CHANGE OF SECRETARY
10. NOTICE IF REGISTERED ADDRESS
11. CURRICULUM VITAE (SIGNED & DATED)
12. COPY OF PHOTO IDENTIFICATION (VALID & READABLE)(CERTIFIED) (Directors & Officers)
13. ANNUAL RETURNS OF THE COMPANY (MOST RECENT)
14. WRITTEN EXPLANATION FOR FAILING TO SUBMIT RENEWAL WITHIN BUT NOT LATER THAN
TWENTY (20) BUSINESS DAYS
15. OTHER (SPECIFY)

SUBMITTED

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ADJUSTER COMPANY STAMP

Name of Managing Director/CEO of the Adjuster Company:

(Block Letters):

Signature

Date

(mm/dd/yyyy)