

FIRST SCHEDULE - FORM 3

PART A. APPLICABLE TO INDIVIDUALS ONLY

(Application for registration as an Individual Adjuster working on behalf of an Insurance Company or an Adjusting company)

1.	Name of applicant	
2.	Telephone contact and email address	
3.	Date of birth	
4.	Place of birth	
5.	Relevant classes of business for which it is hoped to carry on business as an	
	Individual Adjuster in The Bahamas (as defined under section	
	3 of the Insurance Act, 2005).	
6.	Are you an undischarged bankrupt?	
7.	If so, have you received leave of the Supreme Court, by which you were adjudged	
	bankrupt, to be an Individual Adjuster?	
8.	Are you registered or have you applied for registration as a salesperson, agent or sub-	
	agent under Part V of the Insurance Act, 2005?	
9.	Were you carrying on business as a broker* within the last 12 months?	
10.	If so, for which class or classes of business?	
11. Give details of all training and qualifications held (including copies of certificates,		
	diplomas, etc.)	
12.	Give full details of all experience and employment in insurance business as an Individual	
	Adjuster or in any other category (from date of entry to present date)	
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13.	Will you be a full time or part time Individual Adjuster?	
14.	Have you ever been convicted of any offence involving fraud or dishonesty?	
15.	Have you ever been dismissed by an employer for fraud or dishonesty?	
16.	Do you own shares in any insurance company or in any company which acts as an agent of	
	an insurance company?	



17. If you are a member of an association or other professional body, state its			
18. If you are not such a member, give reasons			
DECLARATION:			
I declare that the replies given in this application form are to the best of my knowledge and			
belief true and correct.			
Signed	Date		
Witnessed by	Date		
Testimonial (to be signed by Notary Public)			
Icertify	that is		
known to me. He/she is a person of good character and is otherwise a fit and proper person			
to be an adjuster registered under the Insurance Act, 2005.			
Signed			
Qualification			
Date			