



COMMONWEALTH OF DOMINICA
MINISTRY OF FINANCE
FINANCIAL SERVICES UNIT

APPLICATION FOR REGISTRATION OF INSURANCE INTERMEDIARIES
(INSURANCE ADJUSTER, INSURANCE AGENT, INSURANCE BROKER,
INSURANCE SALES REPRESENTATIVES)
(PART V OF THE INSURANCE ACT 4 OF 2012)

This application is being made pursuant to section 89 of the Insurance Act 4 of 2012, for registration as an Insurance Adjuster, Insurance Agent or Insurance Broker (*delete the classes that are not applicable*). All sections of the application form are to be completed; N/A should be indicated where the requirement is not applicable and explanations should be provided for non-compliance with any registration requirement. Supplemental sheets should be added where necessary.

The completed application form along with evidence of payment of the relevant registration fee should be submitted to the Financial Services Unit at the following address:

Financial Services Unit
 Ministry of Finance
 5th Floor Financial Center
 Kennedy Ave, Roseau
 DOMINICA

1.	Type of licence being requested:	
2.	Name or proposed name of the applicant:	
3.	Address or proposed address:	
	Email address:	Telephone No:

4.	Name and address of designated contact person(s)	
	Email address:	Telephone No:
5.	Provide a three year financial projection, stating assumptions and the rationale for all assumptions.	
6.	While not necessary, a strategic plan with details on best, worst and average performance would be an asset.	
7.	Provide a detailed organisation chart for the applicant showing reporting lines and areas of responsibility.	
A – Corporate Entities		
8.	(a)	Type of Corporate Entity:
	(b)	Date of Incorporation:
	(c)	Country of Incorporation:
9.	Provide a copy of the certificate of incorporation.	
10.	If already in existence, provide copies of the most recent three financial statements. If new, provide a copy of an opening balance sheet.	
11.	Provide a list of all shareholders (controlling 5% or more of the voting rights), directors and senior officers detailing their names, addresses, occupations and relationship to the applicant.	
B – Adjusters		
12.	Provide details on any professional indemnity insurance held.	
13.	Provide details on any affiliations with an insurer(s), insurance agent(s), insurance broker(s) or other insurance adjuster(s).	

C– Agents			
14.	Provide a copy of the proposed agency agreement.		
15.	Provide details on any affiliations with an insurer(s), insurance adjuster(s), insurance broker(s) or other insurance agents(s).		
16.	Class(es) of insurance that will be underwritten		
	(a)	Long-term	<input type="checkbox"/>
	(b)	Health	<input type="checkbox"/>
	(c)	Marine	<input type="checkbox"/>
	(d)	Motor	<input type="checkbox"/>
	(e)	Property	<input type="checkbox"/>
	(f)	Liability	<input type="checkbox"/>
	(g)	Other (list)	<input type="checkbox"/>
D – Brokers			
17.	Provide details on any professional indemnity insurance held.		
18.	Provide details on any affiliations with an insurer(s), insurance agent(s), insurance adjuster(s) or other insurance broker(s).		
19.	Provide confirmation letters from at least two insurers indicating a willingness to accept business from the applicant.		
20.	Class(es) of insurance that will be brokered		
	(a)	Long-term	<input type="checkbox"/>
	(b)	Health	<input type="checkbox"/>
	(c)	Marine	<input type="checkbox"/>
	(d)	Motor	<input type="checkbox"/>
	(e)	Property	<input type="checkbox"/>
	(f)	Liability	<input type="checkbox"/>
	(g)	Other (list)	<input type="checkbox"/>
(h)	All of the above	<input type="checkbox"/>	

E – Financial Year and Auditors	
21.	Give the date on which the applicant’s financial year ends:
22.	If a firm is appointed to act as auditor to the applicant, give the name and address of the firm;
	If an individual is appointed to act as auditor state—
	(i) full name,
	(ii) address,
	(iii) qualifications, and
(iv) professional association in which membership is held.	
On behalf of, I (we) hereby apply for registration as an pursuant to section 89 of the Insurance Act 4 of 2012	
I (We) certify that to the best of our knowledge and belief all the information given in this application is true and correct.	
(i)	Name: Designation:..... Signature:..... Date:
(ii)	Name: Designation:..... Signature:..... Date: