



THE INSURANCE COMMISSION
OF THE BAHAMAS

FIRST SCHEDULE – FORM 3

PART B. APPLICABLE TO COMPANIES

(Application for registration as an Adjusting Firm)

1. Name or proposed name of company.....
2. Principals or Responsible Officer.....
3. Telephone contact and email address.....
4. Address or proposed address in The Bahamas.....
5. If already incorporated, date and place of incorporation or formation.....
6. Give registration number of the company under the Companies Act (*Ch.308*), if any
7. Summary of main or proposed main objects of the company (Attach statement where necessary).....
8. Amount of authorized and paid-up capital (Attach latest audited Profit and Loss Account and Balance Sheet, if already operating).....
9. Give name, place and date of birth of each director, manager or partner and senior officer.....
10. Will the applicant be acting on behalf of an Insurance company or the public; please state classes of insurance you will e offering adjusting services for in The Bahamas (classes as defined in section 3 of the Insurance Act, 2005).....
11. Is any director, manager or officer an undischarged bankrupt?.....
12. If so, has he (they) received leave of the Supreme Court, by which he (they) were adjudged bankrupt, to carry on business as an Adjuster in The Bahamas?.....
13. Does any director, manager or senior officer of the organization hold shares in an insurance company or intermediary which is licensed by the Insurance Commission?.....
14. Give details.....
15. Was the company carrying on business within the last 12 months as an Adjuster in The Bahamas?.....
16. If so, for which relevant classes of insurance business?.....
17. Give details of all training and qualifications held by each director, manager or key employee including copies of certificates, diplomas, etc.....



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18. Has any director, manager, or other senior officer ever been convicted of any
offence involving fraud or dishonesty?.....

19. Has any director, manager, or other senior officer ever been dismissed by an
employer for fraud or dishonesty?.....

DECLARATION:

I/We the undersigned declare that the replies given in this application form are to the best of
my/our knowledge and belief true and correct. (To be signed by Responsible Officer and
witnessed by another Officer)

Signed: Date.....

Witnessed: Date.....

TESTIMONIAL:

(To be signed by Notary Public)

I..... certify that..... is known to me. He/She
is a person of good character and is otherwise a fit and proper person to carry on business as
an Adjuster or to occupy the position of.....(specify the position
held, e.g., manager, controlling director, partner, etc.) with.....
(Name of Adjusting Firm).

Signed

(Capacity of individual signing testimonial should be indicated i.e. Notary Public)

Date.....