



THE INSURANCE COMMISSION  
OF THE BAHAMAS

**SECOND SCHEDULE FORM 3 – PART B**

**APPLICATION FOR RENEWAL OF REGISTRATION AS AN ADJUSTER FIRM**

**TO: THE INSURANCE COMMISSION:**

I, hereby, apply for the renewal of an Adjuster Firm Registration No: ..... issued on:  
.....

**PARTICULARS**

1. Full Name of Applicant (Firm/Company).....  
Address .....

2. Give details of Professional Indemnity Insurance as follows:

- a) Underwriter .....
- b) Policy No .....
- c) Renewal date .....
- d) Limit of Indemnity .....
- e) Excess .....

(Written evidence that the insurance is in force must be submitted)

3. Name of officers who will act in the name of and on behalf of the applicant company..... I certify that to the best of my knowledge and belief all of the information given in this application is true and correct.

Signature .....

Position in Firm/Company.....

Date .....