



**COMMONWEALTH OF DOMINICA**  
**MINISTRY OF FINANCE**  
**FINANCIAL SERVICES UNIT**

**APPLICATION FOR REGISTRATION OF INSURANCE INTERMEDIARIES**

**INSURANCE ADJUSTER**

**(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,

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  
5<sup>th</sup> Floor Financial Center  
Kennedy Ave, Roseau  
DOMINICA

<b>1.</b>	Name or proposed name of the applicant: ..... .....	
<b>2.</b>	Address or proposed address: ..... .....	
	Email address: .....	Telephone No: .....
<b>3.</b>	Place of Birth :	Date of Birth :

<b>A – Corporate Entities</b>		
<b>3.</b>	(a)	Type of Corporate Entity:
	(b)	Date of Incorporation:
	(c)	Country of Incorporation:
<b>4.</b>	Provide a copy of the certificate of incorporation.	
<b>5.</b>	If already in existence, provide copies of the most recent three financial statements. If new, provide a copy of an opening balance sheet.	
<b>6.</b>	Provide a list of all shareholders (controlling 5% or more of the voting rights), directors and senior officers detailing their names, addresses, dates of birth, occupations and relationship to the applicant.	
<b>7.</b>	What is the financial year end of the company?	
<b>8.</b>	Authorized Capital	
<b>9.</b>	Paid up Capital	
<b>10.</b>	Does the company engage in business other than insurance business or plan to partake in other business besides insurance in Dominica?	
<b>B – General: Applies to both Individual and Corporate Entities</b>		
<b>11.</b>	Provide details on any professional indemnity insurance held.	
<b>12.</b>	Provide details on any affiliations with an insurer(s), insurance agent(s), insurance broker(s) or other insurance adjuster (s).	
<b>13.</b>	Does any immediate family hold share in any insurance company? If yes, please provide details.	
<b>14.</b>	Please describe your working experience as an insurance adjuster.	
<b>15.</b>	Have you undertaken any CPD (continuous professional development) in line with your work? Please provide details.	
<b>16.</b>	Were you employed as a loss adjuster within the last 12 months? Please describe your engagements in the field within the last 12 months, including company/client served and class of insurance.	

<b>17.</b>	Will you act as a full-time adjuster?
<b>18.</b>	Are you a member of any insurance adjuster association?
<b>19.</b>	Are you an undischarged bankrupt? If yes, have you received leave of the court to continue to work as an adjuster?
<b>20.</b>	Have you been convicted of any fraud or dishonesty? Please provide details.

**C – Checklist: Please submit the following with your application**

- Completed Forms
  - Application
  - Personal questionnaire
- Curriculum Vitae (Director(s))
- Curriculum Vitae (Staff/Manager etc.)
- Educational Certificate(s) and/or evidence of training  
(Copies should be certified as true copy of the original)
- Police Record (for all)
- Original bank recommendation
- Financial statement
- Certificate of Incorporation
- Articles of Incorporation
- Letter from Insurance Company (addressed directly to the registrar authorizing business be performed on its behalf)
- Agency Agreement
- Copy of Treasury receipt verifying payment of application fee to the Accountant General.
  - Application fee: EC \$2,500(company)/\$500 (individual)

Registration fee (refer to Schedule 3)

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.

Manager	Name: ..... Signature:..... Date: .....
Director	Name: ..... Signature:..... Date: .....
Company Secretary	Name: ..... Signature:..... Date: .....