



APPLICATION FOR MEMBERSHIP
Insurance Association of the Caribbean, Inc (IAC)
IAC Building, Collymore Rock, St. Michael, Barbados, West Indies
Telephone: (246) 427-5608/09 Facsimile: (246) 427-7277

MEMBERSHIP CATEGORIES

• **Ordinary/Voting Membership**

Caribbean company actually engaged in either (a) Writing insurance business and issuing in its own name policies of insurance of any class in any one or more of the Caribbean territories; or (b) Insurance brokerage or some other business allied to that of insurance in any one or more of the Caribbean territories.

• **Associate/Non-Voting Membership**

Firm or Organisation whose business operation does not qualify it for Voting Membership.

This application may be mailed to the above address, or faxed to the above fax number.

(PLEASE TYPE OR PRINT)

1. Full name of Applicant	
2. Address	
3. Telephone No(s)	1. 2. 3.
4. Fax No (s)	1. 2. 3.
5. Email address(es)	1. 2. 3.
6. Cable Address	
7. Telex	
8. Address of Head Office (if different from 2 above)	
9. Status of Applicant (x)	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Branch Office <input type="checkbox"/> Other, specify
10. Principal Business (x)	<input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Insurer <input type="checkbox"/> Reinsurer <input type="checkbox"/> Actuary <input type="checkbox"/> Other, specify



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11. Length of time you were engaged in the principal business	
12. Type of business in which you are engaged (x)	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Non-Life Insurance <input type="checkbox"/> Composite Insurance <input type="checkbox"/> Other, specify
13. Territories where you operate a. within the Caribbean	
b. within other regions	
14. Give details of any Companies carrying on any form of insurance business (a) in which you own fifty per cent (50%) or more of the shares and/or assets, and/or (b) which own fifty per cent (50%) or more of your shares and/or assets	Name
	Address
	Nature of Insurance Business
	Name
	Address
	Nature of Insurance Business
	Name
	Address
	Nature of Insurance Business
	Name
	Address
	Nature of Insurance Business
15. State what percentage of your share/assets is owned by Nationals of the CARICOM area.	
16. Give details of the persons who will represent you at Meetings of the Association and the alternate	Name of Principal Representative
	Job Title
	Business Address (if different from Applicant's)
	Name of Alternate
	Job Title
	Business Address (if different from Applicant's)



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17. We/I hereby apply for membership of the Insurance Association of the Caribbean, Inc. and enclose herewith two (2) copies of our most recent balance sheets and audited accounts. We/I agree to forward, if called upon to do so, a certificate or license to conduct insurance business from the insurance regulator of the country or state in which the company is registered or Lloyd's certification, as the case may be. We/I undertake to remit within thirty (30) days of notification of our acceptance, an admission fee of US\$..... and to pay an annual subscription in accordance with the current scale from the date of acceptance as a Member. We/I also undertake to abide by the Constitution and Laws and decisions of the Association.

Date	
Authorised Signature of Applicant	
Print Name of Person Signing	
Job Title	

18. PRINT names of Representatives of two ORDINARY MEMBERS of the Association who have agreed to sponsor your application.

Proposer's Signature	
Print Proposer's Name	
Member Company	
Country	
Secunder's Signature	
Print Secunder's Name	
Member Company	
Country	

FOR OFFICAL USE ONLY
Date Received:
Date Approved:
Date Ratified:
Date Applicant Advised:
Status () Ordinary/Voting () Associate/Non-Voting