



FINANCIAL SERVICES  
COMMISSION

*Exempt Insurance Act, Cap. 308A*

**FORM A**

**APPLICATION FOR A LICENCE TO ENGAGE IN EXEMPT  
INSURANCE BUSINESS**

APPLICATION is made on behalf of

for a licence to carry on from within Barbados the following class or classes of insurance business in accordance with the provisions of the *Exempt Insurance Act, Cap. 308A*.

1. NAME OF COMPANY:
2. ADDRESS of registered office in Barbados:

Telephone No:

**3. PARTICULARS OF THE COMPANY**

DATE OF INCORPORATION:

PLACE OF INCORPORATION:

SHARE CAPITAL:

AUTHORISED:

PAID-UP:

CONTRIBUTED RESERVES:  
(Applicable to Mutual companies)

GUARANTEES:

AMOUNT:

NAME AND ADDRESS OF GUARANTOR:

SUMMARY OF MAIN OBJECTIVES:

**4. MANAGEMENT**

NAME AND ADDRESS of person resident in Barbados on whom documents may be served:

State whether the company will manage its own business or use the services of a management company.

NAME AND ADDRESS of management company in Barbados.

NAME AND ADDRESS of Auditors

- (1) In Barbados
- (2) Outside Barbados

NAME AND ADDRESS of Actuary

NAME AND ADDRESS of Bankers

- (1) In Barbados
- (2) Outside Barbados

**5. BUSINESS PLAN**

DATE OF COMMENCEMENT of Business:

PROPOSED SOURCE OF BUSINESS (BY CLASS)  
(Names and addresses of affiliates must be given)

ESTIMATED GROSS PREMIUM INCOME (1<sup>st</sup> year)

ESTIMATED NET PREMIUM INCOME (1<sup>st</sup> year)

COMPANY'S FINANCIAL YEAR commences:

ends:

**6. REINSURANCE PROGRAMME (by class)**

**7. SUPPORTING DOCUMENTS TO BE ATTACHED**

- (1) Certified copy of certificate of incorporation under the Companies Act of Barbados.
- (2) Certified copy of Memorandum and Articles of Association.
- (3) Letter of acceptance of responsibility by person resident in Barbados on whom documents may be served.
- (4) Auditors certificate in respect of paid up capital or contributed reserves.
- (5) Certified copy of Balance sheet after incorporation and capitalisation.
- (6) Copy of contract with Management Company.
- (7) List of Directors, in respect of each Director state:
  - Full name
  - Permanent Address
  - Country of birth
  - Nationality
  - Date of birth
  - Business experience
  - Other directorships held
- (8) Copies of reinsurance cover notes and contracts.

We the undersigned do hereby certify that to the best of our knowledge the information submitted in this application and the supporting documents is true.

Signed at

.....  
*Chairman, Board of Directors*

Date.....

Signed at

.....  
*Director (Resident in Barbados)*

Date.....

Signed at

.....  
*Secretary or Accountant*

Date.....