



**TTII**

**TRINIDAD AND TOBAGO INSURANCE INSTITUTE**

8 STANMORE AVENUE, PORT OF SPAIN, TRINIDAD, WEST INDIES (P.O.BOX 311)  
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**EXEMPTION/LETTER OF RECOMMENDATION REQUEST FORM**

**APPLICANT'S PERSONAL INFORMATION**

DATE: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_

TITLE: Mr. Mrs. Miss

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_ ID Number: \_\_\_\_\_  
(DP, National ID or Passport)

TEL CONTACT: OFFICE \_\_\_\_\_ Ext \_\_\_\_\_ CELL \_\_\_\_\_  
E-MAIL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

**IMPORTANT:**

- Candidates who sat the State Exam prior to 1995 must have successfully completed at least one of the following in addition to the State Licensing LONG TERM examination. LUATC, IFATC, LUTCF, FSS, CFP, CLU, CHFC for exemption as an Agent for Long Term Business.

**EXEMPTION REQUEST:**

EXEMPTED AS: SALESPERSON AGENT BROKER LOSS ADJUSTER

**CLASSES OF BUSINESS FOR WHICH EXEMPTION IS REQUIRED:**

Motor Vehicle Personal Accident Ordinary Long Term  
Pecuniary Loss Property  
Liability Marine, Aviation and Transport

**EXAMINATION(S) COMPLETED:**

- LONG TERM INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_
- GENERAL INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_
- MOTOR INSURANCE CLAIMS INVESTIGATION & ADJUSTING M\_\_\_\_/D\_\_\_\_Y\_\_\_\_
- OTHER (STATE): \_\_\_\_\_
- DID NOT WRITE EXAMINATION IN THE INDUSTRY SINCE \_\_\_\_\_

COMPANY ATTACHED TO WHEN EXAM WAS COMPLETED: \_\_\_\_\_

**PLEASE TURN OVER! →**

