



TTII

TRINIDAD AND TOBAGO INSURANCE INSTITUTE

46-50 PICTON STREET, NEWTOWN, 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. Ms. 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: _____

EXEMPTION REQUEST:

EXEMPTED AS: SALES REPRESENTATIVE AGENT BROKER LOSS ADJUSTER

CLASSES OF BUSINESS FOR WHICH EXEMPTION IS REQUIRED:

GENERAL INSURANCE

- Liability
- Motor Vehicle
- Personal Accident
- Short Term
- Marine, Aviation and Transport
- Pecuniary Loss
- Property
- Workmen's Compensation

LONG TERM INSURANCE

- Accident and Sickness
- Disability Income
- Industrial Life
- Life

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! →

