

#### TRINIDAD AND TOBAGO INSURANCE INSTITUTE

46-50 PICTON STREET, NEWTOWN, PORT OF SPAIN, TRINIDAD, WEST INDIES (P.O.BOX 311) TEL: 1 (868) 628-5457, 1 (868) 628-2969, 1 (868) 628-1663 FAX: 1 (868) 622-4205; E-MAIL: mail@ttii.org.tt

# **EXEMPTION/LETTER OF RECOMMENDATION REQUEST FORM**

#### **APPLICANT'S PERSONAL INFORMATION**

DATE:	M/D	/Y	_					
TITLE:	□Mr.		$\square$ Mrs.		Лs.	□Mis	S	
FIRST NAME:	= <del></del>			MIDDLE	NAME: _			
LAST NAME:				MAIDEN	NAME: _			
DATE OF BIRTH:	M/D	/Y		ID Numbe				
						ional ID or		
TEL CONTACT:	OFFICE		Ext	_ CELL _				
E-MAIL								
HOME ADDRESS:								<del></del>
EMPLOYER:								
ADDRESS OF EMPI								
EXEMPTION RE	QUEST:							
EXEMPTED AS:	JSALES REPI	RESENTA	ATIVE D	AGENT	□BROK	ŒR □1	LOSS A	DJUSTER
CLASSES OF BUS	INESS FOR V	VHICH E	XEMPTION	IS REQUIF	RED:			
GENERAL INSUR			1.77			NG TERM		
□Liability □Marine, Aviation □Motor Vehicle □Pecuniary Loss			and Transpo	d Transport □ Accident and Sickness □ Disability Income			ess	
□Personal Accident □Property						idustrial L		
Short Term	□Workm		pensation		$\Box$ L	ife		
<b>EXAMINATION(S)</b> C	OMPLETED:							
☐ LONG TERM	M INSURANCE	E				M	/D	Y
☐ GENERAL I	INSURANCE					M	/D	Y
☐ MOTOR INS	SURANCE CLA	AIMS INV	ESTIGATION	& ADJUST	ING	M	/D	Y
□ OTHER (ST	ATE):							
☐ DID NOT WE	RITE EXAMINAT	ΓΙΟΝ		IN THE IND	USTRY SI	NCE		
COMPANY ATTAC	HED TO WHEN	N EXAM V	VAS COMPLI	ETED:				

## PLEASE TURN OVER! $\rightarrow$

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### TO BE COMPLETED $\rightarrow$ SALES REPRESENTATIVE, AGENT, BROKER, LOSS ADJUSTER

Please provide a detailed resume outlining

- Range, scope, extent of insurance knowledge
- Classes of business dealt with
- Years experience in the industry
- Position(s) held and activities performed

PLEASE GIVE REASONS FOR REQUEST BELO	OW AND ATTACH APPROPRIATE EVIDENCE TO SUPPORT REQUEST
PORTANT!  Copy of National ID required for co	amplation of application
• \$500 payable in advance via online b	bank transfer
<ul> <li>CASH IS NOT ACCEPTED AT TT</li> <li>Process takes approximately fifteen</li> </ul>	II's office. working days on receipt of <u>ALL</u> required documents.
r rocess takes approximately inteen	working days on receipt of ALL required documents.
AF	PPLICANT'S SIGNATURE
{TTII ACCOUNTS USE ONLY}	{TTII ADMIN USE ONLY}
Receipt No.	Entered by:
Date:/	
,,	01 1 11

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