



**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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**REQUEST FOR COPY OF EXAMINATION RESULTS 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: \_\_\_\_\_

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COPY OF EXAMINATION RESULTS:

PURPOSE: ☐ Personal Copy ☐ CBTT

FOR: ☐ Sales Representative ☐ Agent ☐ Broker ☐ Adjuster

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

***GENERAL INSURANCE***

☐ Liability ☐ Marine, Aviation and Transport

☐ Motor Vehicle ☐ Pecuniary Loss

☐ Personal Accident ☐ Property

Short Term ☐ Workmen's Compensation

***LONG TERM INSURANCE***

☐ Accident and Sickness

☐ Disability Income

☐ Industrial Life

☐ Life

EXAMINATION COMPLETED:

☐ LONG TERM INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_

☐ GENERAL INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_

☐ MOTOR INSURANCE CLAIMS INVESTIGATION & ADJUSTING M\_\_\_\_/D\_\_\_\_Y\_\_\_\_

☐ OTHER (STATE): \_\_\_\_\_

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

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**IMPORTANT!**

- Copy of Government issued identification required for completion of search.
- \$300 payable in advance via online bank transfer  
CASH IS NOT ACCEPTED AT TTII's office.
- Process takes approximately ten working days.

\_\_\_\_\_

APPLICANT'S SIGNATURE

{TTII ACCOUNTS USE ONLY} – Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_