

Schedule
Part A – Application Forms

Form 1
Application for Insurance Manager's or Registered Agent's Licence



The Nevis Island Administration
Ministry of Finance and Development
Financial Services Regulation and Supervision Department

Proposed Name of Entity

Date on which applicant proposes to commence business.

What type of licence is being applied for?

- Insurance Manager
 Registered Agent

Physical and Postal Address of Registered Office in Nevis

Street

City

P.O. Box

If incorporated:

- a. Attach evidence of incorporation pursuant to the Nevis Business Corporation Ordinance 1984 as amended or the Companies Ordinance 1999. This will include copies of the Articles of Incorporation, Memorandum of Association, Articles of Association, or other instrument of constitution of the applicant as may be appropriate. If not yet incorporated, attach the proposed documentation.
- b. List all names (including any previous names), addresses and nationalities of all shareholders. In those instances where shares are held by a corporate body or bodies, the chain of connection to the ultimate owner must be shown. See Personal Questionnaire for Directors and ALL Control Persons.
- c. Attach curricula vitae of all directors, managers and officers.

- d. Attach the annual accounts, for the two years preceding the year of application, of each shareholder which is a body corporate holding more than ten (10%) of the applicants issued share capital or total voting rights, together with similar accounts for the parent body, if any, of each such body corporate.

If not incorporated, names, addresses, nationalities and curricula vitae of the applicant and any person acting as a manager, or other officer or partner as the case may be. See Personal Questionnaire for Directors and ALL Control Persons.

If incorporated, attach not less than three references acceptable to the Registrar, including one character reference for and one reference verifying the good financial standing of:

- a. Each director, manager and officer of the applicant; and
- b. Each shareholder and each beneficial shareholder who is a natural person holding more than ten (10%) percent of the applicant's issued share capital or total voting rights;

and for each director, manager, officer or shareholder, a police or other certificate satisfactory to the Registrar, that the person has not been convicted of a serious crime or any offence involving dishonesty.

If not incorporated, attach not less than three references acceptable to the Registrar, including one character reference for and one reference verifying the good financial standing of, the applicant and any person acting as a manager, or other officer or partner, as the case may be; and, for each such person, a police or other certificate satisfactory to the Registrar, that the person has not been convicted of a serious crime or any offence involving dishonesty.

Attach a list of all insurers for whom the applicant is, or will be engaged to act as manager or consultant.

Attach a business plan.

Have any parties connected with this application ever applied, either individually or in conjunction with others, for authority to transact insurance business in any other jurisdiction? If so, please give the details. See Personal Questionnaire for Directors and ALL Control Persons.

This application is accordingly hereby made for the licence specified above and it is certified that all the particulars contained in this application and in the documents accompanying it or otherwise furnished in support hereof are true and correct.

Dated

Name of Applicant(s)

Signed:

Signed:

Signed:

Witness:

Current Occupation
Position Employer Address Country Date Started

Occupations Held Within Past Five Years
Position Employer Address Country From To

2. Relationship with the Entity

In what capacity are you completing this form?

Shareholder
Director
Manager
Partner
Member
Other

If other, specify.

Attach supporting documentation.

In carrying out your duties, will you be acting on the directions or instructions of Yes
any other individual or institution?
If 'yes', attach relevant details. No

What percentage of shares in the institution are registered in your name or in
the name of a related party?

In what percentage of shares are you or any related party beneficially
interested?

Are you a significant shareholder of any other insurance company or financial
institution, which is now regulated under statute or has applied for such Yes
regulation? No
If 'yes', attach relevant details.

Do you in your private capacity, or does any related party, undertake business Yes
with the proposed entity?
If 'yes', attach relevant detail. No

Are any of the shares in the proposed entity equitably or legally charged or pledged to a third party? Yes
If 'yes', attach relevant details. No

All relevant professional qualifications including dates of qualification.

Qualification Date obtained

Other relevant training or experience.

Description Date

Do you in your personal capacity hold or at any time have held any membership, license or authorization or been registered as a representative under legislation of any country, relating to banking, investment, insurance, or other finance business? Yes
If 'yes', give particulars. No

Details of license, registration or authorization from above.

Industry Authorizing Body License Number Date Issued

3. Reputation and Character

Have you at any time been convicted of any offence involving fraud or other dishonesty or an offence under legislation (including insider dealing), relating to institutions providing financial services, insolvency, consumer credit or consumer protection or any other statutory offence other than a road traffic offence? Yes
If yes, give particulars. No

If yes, give particulars.

Jurisdiction Offence Penalty Date of Conviction

Are you currently the subject of bankruptcy, sequestration, or similar proceedings? Yes
If 'yes', attach relevant details. No

Are there any such proceedings pending? Yes
If 'yes', attach relevant details. No

Have you been dismissed or requested to resign from any office or employment, removed from any fiduciary office or position of trust, subject to disciplinary proceedings by your employer or barred from entry to any profession or occupation? Yes No

If 'yes', attach relevant details.

Have you ever been disqualified from acting as a director of a company, or from action in the management or conduct of the affairs of any company, partnership or unincorporated association? Yes No

If 'yes', attach relevant details.

Have you ever in connection with the formation or management of any corporation, partnership, or unincorporated entity, you have been adjudged by a court to be civilly liable for any fraud, malfeasance, or wrongful trading or other misconduct by you towards such a body or towards any members or creditors of such a body? Yes No

If 'yes', attach relevant details.

State below any other material information, which you consider relevant to the assessment of your expertise, experience and record.

4. Declaration

I confirm that the information supplied is complete and correct to the best of my knowledge and belief at the time of submission and that there are no other facts of which the Minister of Finance and the Registrar should be aware.

I undertake to inform the Minister and the Registrar, without delay, of any material changes to the information supplied in this form.

You should be aware, before signing this declaration, that it is an offence to knowingly or recklessly provide the Minister or the Registrar with information, which is false or misleading in a material particular.

Signed

Name

Date

Form 3
Application for Captive Insurer's License



The Nevis Island Administration
Ministry of Finance and Development
Financial Services Regulation & Supervision Department

Proposed Name of Insurer

Class of License being applied for:

- Single-Owner Captive
- Less than 5 Owners Captive
- 5 or more Owners Captive

Name of Applicant:

Address of Applicant in its place of business:

Street City/State/Province Postal Code Country

Name, Address, Citizenship, Residency of ALL Directors or Trustees as applicable

Name	Address	Citizenship	Residency

Name, Address, Citizenship, Residency of ALL Shareholders

Name	Address	Citizenship	Residency

Name(s) and addresses of ALL Officers and Managers

Name	Office	Address

Name(s) and addresses of Applicant's Legal Counsel, Attorneys, Solicitors

Name	Relationship	Address

Insurance Manager(s)

Name	Company	Address

Registered Agent

Name	Company	Address

Auditors

Name	Company	Address

Issued and Paid Up Capital	Date	Amount
Issued Capital		
Paid Up Capital		

Has the whole of paid up capital been subscribed in cash? Yes No
 If 'no', give particulars.

Form	Amount	Date Paid In

Will the insurer be writing 'unrelated business', as stated in Section 21(2) of the Ordinance? Yes No
 If 'yes', give particulars.

Explain the nature of the connection or association that exists between the insurer and those persons whose risks the insurer intends writing.

What category of business does the insurer propose to write?

General

Long-Term

Both General and Long-Term

State category(s) of business which the applicant intends to write and state estimated gross and net premiums by class of business for the first two years of operation.

Year	Category	Gross Premiums	Net Premiums

When does the applicant intend to commence writing the above described business?

Give estimated income for each of the first two years on as realistic basis as possible.

Gross Premiums Written

Less: Reinsurance Premiums Ceded

Net Premiums Written

Reserve for claims incurred but not reported (if applicable)

Commissions and Brokerage Fees

General Administrative Expenses

Other Expenses

Subtotal Expenses

Estimated Net Income for Year

Indicate by checking the appropriate boxes which of the following are or will be located in Nevis:

Premium Registers Yes No

Loss Registers Yes No

Reinsurance Reports Yes No

Reports of Claim Files Yes No

Copies of Policies Yes No

Copies of Reinsurance Treaties and Agreements Yes No

Give addresses where such records are located

Street	City	Country	Postal Code

Does the applicant intend to use protected premium accounts? Yes
If 'yes', describe the manner of segregation of accounts. No

Will such segregation or partition of accounts be used in future? Yes
If 'yes', give particulars. No

Declaration

We confirm that the information supplied is complete and correct to the best of my knowledge and belief at the time of submission and that there are no other facts of which the Minister of Finance and the Registrar should be aware.

We undertake to inform the Minister and the Registrar, without delay, of any material changes to the information supplied in this form.

You should be aware, before signing this declaration, that it is an offence to knowingly or recklessly provide the Minister or the Registrar with information, which is false or misleading in a material particular.

Signed: _____ Date: _____

Capacity: _____

Signed: _____ Date: _____

Capacity: _____

Form 4
Application for General, Long-Term or Re-insurer's Licence.



The Nevis Island Administration
Ministry of Finance and Development
Financial Services Regulation & Supervision Department

Proposed Name of Insurer

Class of License being applied for:

- General
Long-Term
Reinsurance

Name of Applicant:

Address of Applicant in its place of business:

Street City/State/Province Postal Code Country

Name, Address, Citizenship, Residency of ALL Directors or Trustees as applicable

Name	Address	Citizenship	Residency

Name, Address, Citizenship, Residency of ALL Shareholders

Name	Address	Citizenship	Residency

Name(s) and addresses of ALL Officers and Managers

Name	Office	Address

Name(s) and addresses of Applicant's Legal Counsel, Attorneys, Solicitors

Name	Relationship	Address

Insurance Manager(s)

Name	Company	Address

Registered Agent

Name	Company	Address

Auditors

Name	Company	Address

Issued and Paid Up Capital

Date

Amount

Issued Capital

Paid Up Capital

Has the whole of paid up capital been subscribed in cash? Yes No

If 'yes', give particulars.

Form	Amount	Date Paid In

Explain the nature of the connection or association that exists between the insurer and those persons whose risks the insurer intends writing.

What category of business does the insurer propose to write?

General Only

Long-Term Only

Both General and Long Term

State category(s) of business which the applicant intends to write and state estimated gross and net premiums by class of business for the first two years of operation.

Year	Category	Gross Premiums	Net Premiums

When does the applicant intend to commence writing the above described business?

Give estimated income for each of the first two years on as realistic basis as possible.

Gross Premiums Written

Less: Reinsurance Premiums Ceded

Net Premiums Written

Reserve for claims incurred but not reported (if applicable)

Commissions and Brokerage Fees

General Administrative Expenses

Other Expenses

Subtotal Expenses

Estimated Net Income for Year

Indicate by checking the appropriate boxes which of the following are or will be located in Nevis:

- Premium Registers Yes No
- Loss Registers Yes No
- Reinsurance Reports Yes No
- Reports of Claim Files Yes No
- Copies of Policies Yes No
- Copies of Reinsurance Treaties and Agreements Yes No

Give addresses where such records are located

Street City Country Postal Code

Does the applicant intend to use protected premium accounts? Yes
 If 'yes', describe the manner of segregation of accounts. No

Will such segregation or partition of accounts be used in future?
If 'yes', give particulars.

Yes
 No

Declaration

I/We confirm that the information supplied is complete and correct to the best of my/our knowledge and belief at the time of submission and that there are no other facts of which the Minister of Finance and the Registrar should be aware.

We undertake to inform the Minister and the Registrar, without delay, of any material changes to the information supplied in this form.

You should be aware, before signing this declaration, that it is an offence to knowingly or recklessly provide the Minister or the Registrar with information, which is false or misleading in a material particular.

Signed:

Date:

Capacity:

Signed:

Date:

Capacity: