



TTII

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. 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! →

TO BE COMPLETED → SALESPERSON, 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 BELOW AND ATTACH APPROPRIATE EVIDENCE TO SUPPORT REQUEST

IMPORTANT!

- Copy of National ID required for completion of application.
- \$500 payable in advance by debit/credit card at the office.
CASH IS NOT ACCEPTED AT TTII's office.
- Process takes approximately fifteen working days on receipt of ALL required documents.

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APPLICANT'S SIGNATURE

{TTII ACCOUNTS USE ONLY} Receipt No. _____ Date: ____/____/____ Signature: _____	{TTII ADMIN USE ONLY} Entered by: _____ Checked by: _____
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