



**FORM T-1**  
**APPLICATION FOR REGISTERED INSURER TO BE REGISTERED**  
**AS A CLASS 3, CLASS 3(A) or CLASS 3(B) INSURER**

**THE INSURANCE ACT 1978**  
**AS AMENDED BY**  
**THE INSURANCE AMENDMENT ACT 2008**

Please indicate under which Class the Insurer is making application by ticking the appropriate box below:

Class 3       Class 3 (A)       Class 3(B)

Name of Insurer .....

Registration Number .....

Date of Incorporation .....

Attach the Insurer's original Certificate of Registration. If such a Certificate is attached, state here. If not, please explain

Yes       No  .....

Principal Office Address.....

Registered Office Address.....

Approved Principal Representative.....

Insurance Manager.....

State the amount of unrelated net premiums written as a percentage of total net premiums written as 31<sup>st</sup> December, 2007.

.....

State the amount of unrelated Loss and Loss Expense Provisions as a percentage of total Loss and Loss Expense Provisions as at 31<sup>st</sup> December, 2007.

.....

State the amount (BD\$) of net premiums written during the twelve month period ending 31<sup>st</sup> December, 2007

.....

The application fee for registration is \$500 for Class 3(A) and \$1000 for Class 3(B) and a check payable to the Bermuda Monetary Authority should be enclosed with this application. Please indicate below whether the prescribed fee is enclosed.

Yes       No

We certify that to the best of our knowledge and belief all of the information given in this application is true and correct.

\_\_\_\_\_  
Director (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Representative (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date