

**EXAMINATION OF SALES REPRESENTATIVE  
INSURANCE ACT 2001, REG. 37  
APPLICATION FORM**

**Please print or type**

Name of  
Applicant:

Mr./Mrs./Miss/Ms. \_\_\_\_\_ (Surname) \_\_\_\_\_ (Christian Name) \_\_\_\_\_ (Middle Name)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Present or **Name:** \_\_\_\_\_

Proposed

Employer: **Address:** \_\_\_\_\_

Class(es) of Business to which application applies:  
(Tick as applicable)

☐

Ordinary Long Term Insurance Business

☐

Other (please specify)

☐

Equity Linked Insurance Business

**EXAM VENUE: Kingston** ☐

**Montego Bay** ☐

(NOTE: A request for a change in the examination venue will only be facilitated up to the Wednesday after the closing date)

\_\_\_\_\_  
**Date of Examination**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name & Signature - Manager of Company/Branch**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Company Stamp**

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**FOR OFFICIAL USE ONLY**

Candidate No. (s)	Date Received	Date of Examination	Result(s)

**NOTE: Examination fee(s) non-refundable.** See Terms and Conditions overleaf

Revised December 2023

## TERMS AND CONDITIONS

1. Registration for Course is **SEPARATE** from registration for the examination.
2. Applicants **MUST** complete an Examination Registration form and submit with a cover letter and the relevant examination fee before the deadline date. **A candidate is considered registered upon receipt of the complete registration form and requisite fee(s) by the College.**
3. Application forms **MUST** include Manager's Name, Signature and contact number, date of examination and the Company's stamp affixed.
4. Complete Application Forms(s) **MUST** accompany a cover letter indicating the name(s) of candidate(s) and the particular examination(s) the Candidate(s) will be sitting. Application forms submitted by Agents will **NOT** be accepted by the College. Also, **Faxed Application forms are unacceptable.**
5. Applicants **MUST present a valid form of Government issued Identification on the date of the examination in order to be allowed to write the examination.**  
  
**APPLICANTS WITHOUT A VALID FORM OF IDENTIFICATION WILL NOT BE ALLOWED TO WRITE THE EXAMINATION.**
6. **ALL ELECTRONIC DEVICES (INCLUDING SMART WATCHES), PAGERS, ETC, MUST BE TURNED OFF BEFORE ENTERING THE EXAMINATION ROOM.** Failure to comply will result in the automatic ejection from the particular examination.
7. If a candidate is unable to sit an exam the College should be informed via written notice at least five working days before the date of the exam.

### NOTE:

#### EXAMINATION TIMES

ORDINARY LONG-TERM INSURANCE	-	<b>9:00 A.M. – 11:30 A.M.</b>
EQUITY LINKED INSURANCE	-	<b>1:00 P.M. – 3:30 P.M.</b>

#### LATE ENTRY FEE

##### DEADLINE – WEDNESDAY AFTER CLOSING DATE

ORDINARY LONG-TERM INSURANCE	-	<b>\$3,600.00</b>
EQUITY LINKED	-	<b>\$3,900.00</b>

Discounts do not apply to late applications

#### EXAM FORMAT & PASS MARK

- 100 objective type questions (Multiple Choice, True/False)
- To be written in 2 1/2 hours
- Actual marks to be provided to Training Managers for submission to Unit/Branch Managers
- Pass mark for all subject is 65%

#### EXAM RESULTS

- To be provided to companies within 5 working days from date of exam

- Training Managers from each company is to assume the responsibility for sending out results to their candidates.