

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

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*

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	-	9:00 A.M. – 11:30 A.M.
EQUITY LINKED INSURANCE	-	1:00 P.M. – 3:30 P.M.

LATE ENTRY FEE

DEADLINE – WEDNESDAY AFTER CLOSING DATE

ORDINARY LONG-TERM INSURANCE	-	\$3,875.00
EQUITY LINKED	-	\$4,200.00

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.