

CAYMAN ISLANDS

THE INSURANCE LAW, 2010

THE INSURANCE (APPLICATION AND FEES) REGULATIONS, 2012

APPLICATION FOR A CLASS "C" INSURER'S LICENCE - SECTION 4

Please complete all sections as fully as possible, giving reasons for any non-completion, and ticking to confirm the inclusion of attachments where required.

PART A				
General				
A1	Name or proposed name of applicant.			
A2	Principal Office (in the Islands where full and proper business records of the business will be maintained)			
A3	Name and address of Registered Office.			
A4	Business proposed to be transacted.	Long-term	Composite	General
A5	Date on which applicant intends to commence carrying on insurance business from within the Islands.			
A6	List all Cayman Islands issued licenses held by the insurance group, if any, including issued exemptions from licensing.			



PART B			
Ownership			
В1	Attach evidence of the proper incorporation of the applicant pursuant to the Companies Law, and a copy of the memorandum of association and articles of association, or other instrument of constitution of the applicant, as may be appropriate or in the case of companies not yet incorporated, the proposed documentation.	Attach	
B2	Unless a publicly traded company listed on a stock exchange recognised by the Authority, list all names (including any previous names), addresses, details of percentages of shareholdings and nationalities of all shareholders. The Authority may ask for further information, particularly for shareholders holding above 10%.		
В3	Save in circumstances where a trust is involved in the ownership structure: 1. attach an organisational structure of the company and include details of any insurance group to which it belongs; and 2. include details on the chain of ownership to the ultimate shareholder.		
B4	Unless a publicly traded company listed on a stock exchange recognised by the Authority, for each shareholder which is a body corporate holding more than 10% of the applicant's issued share capital or total voting rights, attach the annual accounts, for the two years preceding the year of application, together with similar accounts for the parent body, if any, of each such body corporate.		
B5	Each shareholder and each beneficial shareholder who is a natural person holding more than 10% of the applicant's issued share capital or total voting rights attach: i. Personal questionnaire. ii. Three references acceptable to the Authority, including two character references and one reference verifying the good financial standing. iii. Police or other certificate satisfactory to the Authority that the shareholder has not been convicted of a serious crime or any offence involving dishonesty.		
В6	Attach details of the proposed authorised and issued share capital and the method of capitalisation. Provide confirmation and details of the source of funds for the initial statutory capital as required under the Insurance Law, 2010.	Attach	

PART C Key Personnel			
C2	If underwriting long-term business, the name of the money laundering reporting officer.		
C3	For each and every director, manager and officer attach:		
	 i. Personal questionnaire. ii. Three references acceptable to the Authority, including two character references and one reference verifying the good financial standing. iii. Police or other certificate satisfactory to the Authority confirming that the person in question has not been convicted of a serious crime or any offence involving dishonesty. iv. Photo identification (passport or driver's licence) and proof of home address. 	Attach	
C4	Name and address of auditors.		
C5	Attach evidence that the auditor has agreed to accept appointment.	Attach	



PART 1	D	
Financi	al Statements and Standards	
D1	Financial year-end date.	
D2	Which internationally recognised accounting standards will apply?	

PART E			
Business to be transacted			
Attach a	business plan for the insurance business to be transacted including:	Attach	
E1	Rationale for establishing insurer.		
E2	Full Details of the structural arrangements identifying all components, legal purpose and transaction flows.		
E3	Copy of any draft agreements (e.g. offering memorandum) in support of the structure in E2.		

PART F

Declaration

Have any of the parties connected with this application ever unsuccessfully applied, either individually or in conjunction with others, for authority to transact insurance business in this or any other jurisdiction? If yes, please give details.

Have any of the parties connected with this application ever applied and thereafter withdrawn an application for authority to transact insurance business in this or any other jurisdiction? If yes please explain.

I understand the obligation to notify or seek prior approval after submission of this application for material changes to matters referenced herein.

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

Dated th	is day of	2	
(Name 0	f applicant)		
by its *L	Director/ *Secretary/ *or o	ther person duly authoris	ed by the directors of the applicant
Signed:_			
WITNES	SS:		
	Name:		
	Occupation:		
	Address:		

*Delete words not applicable

Please return with non-refundable Application Fee to the Cayman Islands Monetary Authority.