



FORM NO .INS 150-3

**APPLICATION FOR \* REGISTRATION / \*RENEWAL OF REGISTRATION AS A/ \*CLAIMS SETTLING AGENT/\*INSURANCE SURVEYOR/\* LOSS ADJUSTERS/\*INSURANCE INVESTIGATORS/\*MOTOR ASSESSORS/\* RISK MANAGER**

**All amounts in Kenya Shillings**

**A. APPLICANT:**

**1. Name**

**2. Registered office:**

- Postal address
- Telegraphic address
- Telephone
- Telex

**3. Location of offices:**

- Principal
- Branches at:

**4. Incorporation:**

Status \* individual / partnership/ company

Place:

Date:

**Insurance Business**

Date of first license:

Date of commencement:

**5. Particulars:**

- a) Member of board of Directors (Appendix A)
- b) Principal Officer , Company Secretary and other Senior Management Staff (Appendix B)
- c) Departmental staff(Appendix C)
- d) Auditors ,legal advisers and actuaries (Appendix D)
- e) Member of insurance industry whose services were availed of during the year( including names of insurers with whom insurance business was placed ( Appendix E)

**6. Bankers:**

**Name**

**Address**

**since when**

- 1.
- 2.
- 3.

7. i) Does the applicant or a partner or director or an employee of the applicant directly or indirectly hold shares in or have any other financial or controlling interests in the affairs of any other member of the insurance industry?
- ii) Is any of the an individual or firms listed in appendices (D and E)
- a) A director or employee of the applicant or s related company?
- b) Holding any shares in, debentures of or other interests with the applicant or a related company?
- If so please give full particulars

8. If the applicant is a company incorporated under the companies act, Cap .486 give the total paid- up capital of the company

9. **Business particulars:**

A) Number of years experience in the capacity in which registration is sought-

B) Number of insurers for whom work done in the past-

C) Do you handle any other work-

Pertaining to insurance business?

Not pertaining to insurance business?

If the answer to the above is in the affirmative, give brief description of the work handled.

I hereby certify that the statements contained herein are true and accurate to the best of my knowledge and belief.

**Any alterations in particulars stated herein must be promptly communicated to the commissioner of insurance.**

Signed on this

day of 20.....

Principal Officer

**APPENDIX A TO FORM NO INS. 150-3**  
**PARTICULARS OF BOARD OF DIRECTORS/PARTNERS**  
**as at 31<sup>st</sup> December, 20.....**

Name of

Serial number	Full name	Citizenship	Residential address	Occupation	Date of appointment	Number of shares held (see note 1 below)	Court conviction (see note 2 below)			Interest in any member of insurance industry (see item 7(1) of sixteenth schedule)		
							a	b	c	Nature of business	Name	Details of interests
1-----												
2-----												
3-----												
4-----												
5-----												
6-----												

Date

Principal Officer

**Note:** If the shareholding consists of two or more types of shares, details should be given separately to the type, number and total paid up values of each type of shares. If additional shares are held in the names of any relatives (who are not directors themselves) of the director, particulars of the same should be given separately.

- 1) Has there been in the past-
  - a) Any conviction of an offence involving fraud or dishonesty?
  - b) Any adjudication as bankrupt or benefit taken of any law for the relief of bankrupt or insolvent debtors or compounding with creditors or assignment of remuneration for benefit of creditors?
  - c) Finding to be of unsound mind by a court of competent jurisdiction? Please state "YES" or "NO" in the above form and if the answer is "YES" give full details separately.
- 2) If the space herein is insufficient. Please use additional paper.  
 \*Enter the relevant description from the under mentioned:  
 Claims settling agent/insurance surveyor/loss adjuster/Motor Assessor/Insurance Investigator/risk manager

**APPENDIX B TO FORM INS 150-3  
PARTICULARS OF MANAGEMENT STAFF**

**Name of As at 31<sup>st</sup> December 20.....**

Serial number	Full name	Designation	Citizenship	Residential address	Qualification		Years of experience	Date of appointment	No of shares held	Court conviction (see note 2 below)			Interests in any member of insurance industry (see item 7(i) of sixteenth schedule)		
					Academic	Professional				(a)	b	c			
1.....															
2.....															
3.....															
4.....															
5.....															
6.....															
7.....															

**Date**

**Principal Officer**

**Notes:**

1. If the shareholding consists of two or more types of shares, details should be given separately of the type, number and total paid-up values of each type of shares. If additional shares are held in the names of any relatives (which are not directors themselves) of the directors, particulars of the same should be given separately.
2. Has there been in the past:
  - (a) Any conviction of an offence involving fraud or dishonest.
  - (b) Any adjudications as bankrupt or benefit taken of any law for the relief of bankrupt or insolvent debtors or compounding with creditors or assignment of remuneration for benefit of creditors.
  - (c) Finding to be of unsound mind by a court of competent jurisdiction? Please state "yes" or "No" in the above form and if the answer is yes give details separately.
3. If the space herein is insufficient, please use additional paper.  
\*Enter the relevant description from the under mentioned:  
Claims settling agent/insurance surveyor/loss adjuster/Motor assessor/Insurance Investigator/risk manager

**APPENDIX C TO FORM NO INS 150-3  
PARTICULARS OF DEPARTMENTAL STAFF**

Name of \*

As at 31<sup>st</sup> December, 20.....

DEPARTMENT	MEMBER OF STAFF						Number of staff who are not Kenya citizens (please see note 2 below)
	Officers	Clerks	Stenographers/typist	Messenger s	Others	Total	
Underwriting.....							
Claims.....							
Administrations.....							
Others (please specify)							
Total .....							

**Dates:**

**Principal Officer:**

**Notes:**

1. If any management staff listed in appendix B is also included here, please indicate below as a note.
2. If any of the departmental staff is not a Kenyan citizen, please give the name, citizenship and the date of expiry of the work permit in a separate statement.
3. If any of the departmental staff holds any qualifications such as A.C.I.I, F.C.I.I, A.C.A etc please give the name and professional qualifications in a separate statement.

\*Enter the relevant description from the under mentioned:

Claims settling agent/insurance surveyor/loss adjuster/Motor assessor/Insurance Investigator/risk manager

**PARTICULARS OF AUDITORS, LEGAL AND ADVISERS AND ACTUARIES**

**Name of :**

**as at 31<sup>st</sup> December, 20.....**

	Name of firm	Address	Partners name	Professional qualifications	Since when
Auditors 1. 2. 3.					
Legal advisors 1. 2. 3.					
Actuaries 1. 2. 3.					

**Dates:**

**Principal Officer:**

## **ANNEXURE III**

**TO CIRCULAR NO. IB 02/89**

### **PARTICULARS OF PRINCIPAL OFFICER**

- 1) Full name:
  - 1) (a) Date of birth:
  - (b) Place of birth:
- 2) (a)Citizenship:
  - (b) ID card number:
- 3) Qualifications:
  - Academic:
  - Professional:
- 4) Work experience: please give dates and nature of work experience in previous employment:
  
- 5) Have you ever been convicted of an offence involving fraud or dishonesty and if so, please give details of the offence, place and date:
  
- 6) Have you ever been adjudicated, bankrupt or applied to take the benefit of any law for the relief of bankrupt or insolvent debtors compounded with your creators or made an assignment of your remuneration for their benefit and if so please give detail:
  
- 7) Are you a principal officer, a director or a shareholder or an employee of, or holding any controlling interest in any other member of the insurance industry? If yes, please give full particulars:

**Date**

**Principal Officer**

**APPENDIX E TO SIXTEENTH SCHEDULE  
PARTICULARS OF MEMBERS OF INSURANCE INDUSTRY**

**Name of :**

**As at 31<sup>st</sup> December, 20.....**

Member of the insurance industry (please see note 1) (1)	Name (2)	Address (3)	Nature of work handled (4)	Shareholding or other interest (please see note 2) (5)	Registration number (6)

**Date:**

**Principal Officer:**

**Notes:**

1. State here broker, agent or any other capacity in which the member is registered under the act.
2. Please give information of number and type of shares held, amount of a shareholding and any other interests as per item 7(ii) of sixteenth schedule.
3. If the space herein is insufficient, please use additional paper.
4. Please mention in column (6) the reference number of the registration under the insurance Act,(cap.487)

\*Enter the relevant description from the under mentioned:

Claims setting agent/ insurance surveyors/ Motor Assessor/Insurance Investigator/ loss adjusters/ risk manager



**STATEMENT OF BUSINESS OF CLAIMS  
SETTLING AGENT/ INSURANCE SURVEYOR/  
LOSS ADJUSTER/MOTOR ASSESSOR/INSURANCE INVESTIGATOR/ RISK MANAGER\***

( \*Delete whichever are not applicable)

*All amounts in Kenya shillings.*

**Name**

**Year ending 31<sup>st</sup> December 20.....**

Case of business (1)	Number of cases handled.			Amount of fees			Number of insurers to whom cases handled (8)	Largest percentage of cases for a single insurer (9)
	Already completed (2)	On hand (3)	Total (4)	Received (5)	Outstanding (6)	Total (7)		
<b>TOTAL</b>								

**Date**

**Principal Officer**

**Notes:**

1. In cases of any assignments were handled on behalf of an overseas insurer, a statement giving the number and nature of such assignments, amount of loss received and name of the currency it was received should be enclosed.
2. The number of insurers in column (8) should not include the number of overseas insurers for whom work may have been done(see note 1 above)

**ANNEXURE II  
TO CIRCULAR NO.II 01/89**

**PARTICULARS OF CASES HANDLED FROM  
1<sup>ST</sup> JANUARY 20... TO 31<sup>ST</sup> DECEMBER 20....**

**Name:**

**December 20.....**

INSURER (OR BROKER)	CLAIMS SETTLING AGENT		INSURANCE SURVEYOR		LOSS ADJUSTER		Motor ASSESSOR		INSURANCE INVESTIGATOR		RISK MANAGER		TOTAL	
	No of cases	Amount of fees. KShs.	No of cases	No of cases	Amount of fees. KShs	Amount of fees. KShs	No of cases	Amount of fees. KShs	No of cases	Amount of fees. KShs	No of cases	Amount of fees. KShs	No of cases	Amount of fees. KShs
<b>Total</b>														

**Date**

**Principal Officer**