



**REQUIREMENTS FOR INCLUSION ON THE
LIST OF EXPERTS
Individual
UNDER THE INSURANCE ACT 2016**

The requirements to be satisfied by an individual to be included on the official list of experts under Section 248 of the Insurance Act 2016 (hereinafter referred to as the Act) are set out hereunder:

1. The applicant's professional expertise must be within the ambit of Section 247 of the Insurance Act 2016.
2. The applicant must submit a request in the prescribed form (Form A) [attached](#) hereunder. All supporting documents must be submitted.
3. Form A must be notarized by a Commissioner of Oaths.
4. The applicant must submit a certified copy of the following documents:
 - (a) National Identification Card or Passport
 - (b) Taxpayer Identification Number (TIN) Certificate
 - (c) A recent police clearance (police clearance must have been issued within the last 3 months)
 - (d) A recent Bank Statement

5. In addition to requirement 4, applicants, who are not citizens of the Co-operative Republic of Guyana must submit a work permit or a CARICOM Free Movement of Skills Certificate.
6. The applicant must submit a list of his/her area of specialties as a loss adjuster, damage assessor or accident surveyor.
7. All applicants employed or contracted by a company, **which is not the insurer**, must submit a no objection letter from their employer.
8. The applicant must submit evidence of the following:
 - (a) A degree in engineering, surveying, risk management, insurance, finance, business, law or any other related fields, **and**
 - (b) Associateship from the Chartered Institute of Loss Adjusters-UK (CILA) and a minimum of ten (10) years working experience with a reputable General insurer or Insurance Broker or a Loss Adjusters firm, five (5) of which must be in a management or senior supervisory level, **or**
 - (c) Fellowship from the Chartered Insurance Institute and a minimum of seven (7) years working experience with a reputable General Business insurer or Insurance Broker or a Loss Adjusters firm, four (4) of which must be in a management or senior supervisory level, **or**
 - (d) Advanced Diploma from the Chartered Insurance Institute and a minimum of fifteen (15) years working experience with a reputable General Business insurer or Insurance Broker or a Loss Adjusters firm, seven (7) of which must be in a management or senior supervisory level, **or**

- (e) Associate in Claims (AIC) or an Associate in Claim-Management (AIC-M) from the Institute (Risk and Insurance Knowledge Group) and a minimum of ten (10) years working experience with a reputable General Business insurer or Insurance Broker or a Loss Adjusters firm, five (5) of which must be in a management or senior supervisory level, **or**
- (f) Active Membership of the Chartered Institute of Loss Adjusters-UK or Chartered Insurance Institute-UK or any other institution or association.
- (g) Successful completion of the Ethic Class under the Chartered Institute of Loss Adjusters-UK, AIC or AIC-M Programmes.

NOTE: Copies of certificates must be certified by one of the following:

- (a) Justice of the Peace or Commissioner of Oaths
- (b) Attorney-at-Law
- (c) Notary of Public
- (d) Judge or Magistrate
- (e) Director of a Company

The certifying officer should sign, stamp and state legibly their name, official capacity, business address and contact number.

- 9. A letter of recognition from the Accreditation Board is required for qualifications obtained from the Chartered Institute of Loss Adjusters-UK, Chartered Insurance Institute or the Institute (Risk and Insurance Knowledge Group).
- 10. The applicant is required to submit a biographical affidavit and curriculum vitae detailing insurance experience of the company's directors and senior managers.
- 11. The applicant must satisfy the fit and proper criteria set out in Form B2.
- 12. All addresses must be substantiated by a proof of address.

13. Where there is insufficient space to provide a response, please provide and attach hereto the information on additional paper(s) and ensure sheet(s) clearly illustrate(s) the name of the individual and refer(s) to the appropriate question(s).
14. It is expected that the applicants apprise themselves of all other requirements of operation by reading the relevant laws and ensuring that they will be able to meet and maintain the required standards before applying.
15. The Insurance Act 2016 and Insurance Regulations No. 1 of 2018 can be found on the Bank of Guyana's website: www.bankofguyana.org.gy

FORM A

(Applicable to Accident Surveyors, Damage Assessors or Loss Adjusters)

Individual

PART A: PERSONAL DETAILS

1. Name of the applicant: _____

2. Address: _____

Proof of address must be provided. Please submit ANY ONE of the following documents issued within the last three (3) months. Telephone bill (), Electricity Bill (), Bank Statement ()

3. Gender: Male Female

4. Marital Status: Single Married Divorced Widowed

5. Date of birth: _____
(DD/MM/YYYY)

6. Country of birth: _____

7. Nationality: _____

8. Telephone No(s): _____

9. Email address: _____

10. Occupation: _____

11. National Identification Number _____

12. Taxpayer Identification Number _____

PART B: EMPLOYMENT HISTORY

13. Indicate the classes of business for which you are seeking to carry on activities as an accident surveyor, damage assessor or loss adjuster.

- () Class 1 - Accident and Liability
- () Class 2 - Auto
- () Class 3 - Marine and Aviation
- () Class 4 - Fire

14. Please state below whether or not you are currently employed with a company. The name and the nature of the company must be stated.

Name of Company: _____

Position: _____ Date of Employment: _____

Other Particulars: _____

Kindly submit a no objection letter from the company.

15. Please state your place(s) of employment within the last ten (10) years:

Institution	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Did you carry on business as a damage assessor, accident surveyor or loss adjustor within the last twelve (12) months?

Yes () No ()

17. If **yes** to question 16, please state for which insurance company (ies) and for which class (es) of business.

18. Please state, if you are or have ever been bankrupt.

Yes () No ()

Kindly, submit a certified statement of your assets and liabilities.

19. Please specify, the loss adjuster association (or any other related association) you are a member of:

Kindly submit proof of active membership.

20. Please state, if you hold a licence to conduct any other insurance business in Guyana or outside Guyana.

Kindly submit a certified copy of the licence.

PART C: DECLARATION:

I declare that the information provided in this application form are to the best of my knowledge and belief, true and correct.

Name: _____

Signature: _____

Position: _____

Dated: _____

(DD/MM/YYYY)

Please affix signature and stamp of Commissioner of Oaths.