



The Nevis Island Administration  
Ministry of Finance and Development  
Financial Services Regulation and Supervision Department  
**Application for Allied Insurer's Licence**

|   |   |   |                       |   |                          |         |                          |
|---|---|---|-----------------------|---|--------------------------|---------|--------------------------|
| 1: Name of Insurer  |   |   |                       |   |                          |         |                          |
| 2: Licence Details  | Type Licence being applied for  |   |                       |   |                          |         |                          |
|   | Allied Reinsurance Company <input type="checkbox"/>                             |   |                       | Allied Annuity Company <input type="checkbox"/> |                          |         |                          |
|   | Allied to:  |   |                       |   |                          |         |                          |
| Address   |   |   |                       |   |                          |         |                          |
| 3: Postal, Physical Addresses, and Location of Books and Records  | Registered Office In Nevis<br>[Whether already in existence or proposed]        |   |                       |   |                          |         |                          |
|   | Principal Office of Insurer [Whether already in existence or proposed]          |   |                       |   |                          |         |                          |
|   | Location of Books and Records [Whether already in existence or proposed]        |   |                       |   |                          |         |                          |
| 4: Parent[s], Sponsor[s] and or Participants  |   | Name  | Role                  | Address   | Contact Person           | Phone   | E-mail                   |
|   | A   |   |                       |   |                          |         |                          |
|   | B   |   |                       |   |                          |         |                          |
|   | C   |   |                       |   |                          |         |                          |
|   | D   |   |                       |   |                          |         |                          |
|   | E   |   |                       |   |                          |         |                          |
| 5: Control Persons [See Regulations for Definition]   |   | Name  | Position With Insurer | Connection with Applicant                       | FORM 2                   |         |                          |
|   | A   |   |                       |   | <input type="checkbox"/> |         |                          |
|   | B   |   |                       |   | <input type="checkbox"/> |         |                          |
|   | C   |   |                       |   | <input type="checkbox"/> |         |                          |
|   | D   |   |                       |   | <input type="checkbox"/> |         |                          |
|   | E   |   |                       |   | <input type="checkbox"/> |         |                          |
| 6: Service Providers<br><small>†Where IM is non-resident, RA must be approved under the NIIO, 2004 in addition to the NBCO.</small> |   |   | Insurance Manager†    | Attorney  | Auditor                  | Actuary |                          |
|   | A   | Firm Name   |                       |   |                          |         |                          |
|   | B   | Address   |                       |   |                          |         |                          |
|   | C   | Contact Person  |                       |   |                          |         |                          |
|   | D   | E-mail  |                       |   |                          |         |                          |
|   | E   | Phone   |                       |   |                          |         |                          |
| 7: Operational Details  | A   | Where will the risks to be insured be located?  |                       |   |                          |         |                          |
|   | B   | Will any fronting arrangements be used?   |                       |   |                          |         |                          |
|   | C   | Will the entity engage in any marketing activities?   |                       |   |                          |         |                          |
| 8: Connection between Insured and Insurer   | State here the nature of the relationship between the insurer and the insureds. |   |                       |   |                          |         |                          |
| 9: Supporting Documentation   | A   | Attach a narrative business plan  |                       |   |                          |         | <input type="checkbox"/> |
|   | B   | Attach Pro-Forma Financial Statements for the next Five [5] Years   |                       |   |                          |         | <input type="checkbox"/> |
|   | C   | Where the entity is already conducting business, attach previous year's financial statements and tax returns.                               |                       |   |                          |         | <input type="checkbox"/> |
|   | D   | Attach documents evidencing legal existence, or where not yet formed attach proposed documents (Memorandum & Articles of Incorporation etc) |                       |   |                          |         | <input type="checkbox"/> |
|   |   |   |                       |   |                          |         | <input type="checkbox"/> |

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

I/We undertake to inform the Minister and the Registrar, immediately, of any significant changes to the information supplied in this form.

You should be aware that it is an offence to knowingly or recklessly provide "the Minister" or "the Registrar" with information which is false.

Name/Position

Date

Signature