



FORM T-1

APPLICATION FOR REGISTERED INSURER TO BE RE-REGISTERED AS A CLASS A, CLASS B, CLASS C, CLASS D or CLASS E LONG-TERM INSURER AS SPECIFIED BY THE INSURANCE ACT 1978 AS AMENDED BY THE INSURANCE AMENDMENT (No. 3) ACT 2010

Please indicate under which Class the Insurer is making application by ticking the appropriate box below:

Class A Class B Class C Class D Class E

Name of Insurer

Registration Number

Date of Incorporation

Attach the Insurer's original Certificate of Registration. If such a Certificate is attached, state here. If not, please explain

Yes No

Principal Office Address.....

Registered Office Address.....

Approved Principal Representative.....

Insurance Manager.....

State the amount of unrelated net premiums written as a percentage of total net premiums written as 31st December 2010:.....

State the amount of unrelated long-term business insurance reserves as a percentage of total long-term business insurance reserves as 31st December 2010:.....

State the amount of unrelated long-term business insurance reserves as a dollar amount:

State the amount of total assets as at 31st December 2010:.....

The application fee for registration is \$500 for Class A and B and \$1000 for Class C, D and E. A cheque payable to the Bermuda Monetary Authority should be enclosed with this application. Please indicate below whether the prescribed fee is enclosed.

Yes No

We certify that to the best of our knowledge and belief all of the information given in this application is true and correct.

Director (Please Print)

Signature

Date

Director (Please Print)

Signature

Date

Principal Representative (Please Print)

Signature

Date