



REQUEST FOR INSURANCE CLASSES

NAME _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

TELEPHONE NO. _____ (W) _____ (H) _____ (C)

PLACE OF EMPLOYMENT _____

EMPLOYER'S ADDRESS _____

INSURANCE QUALIFICATION(S) _____

I am interested in signing up for the following class(es):

- | | | |
|------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> IF1 | <input type="checkbox"/> P05 | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> IF3 | <input type="checkbox"/> 930 | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> P92 | <input type="checkbox"/> 945 | <input type="checkbox"/> other _____ |
-

Please return completed form to:

Yvette Ingraham
c/o J. S. Johnson & Company, Ltd.
34 Collins Avenue

or E-mail: bahamas360@ymail.com

Fax: 322-6436