**COUNTERPARTY QUESTIONNAIRE**

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| --- | --- |
| COUNTERPARTY DETAILS | |
|  |  |
| Counterparty's full legal entity name: | Click here to enter text. |
|  |  |
| Type of corporation *(e.g. Sole Trader; Limited Company; LLP; etc.)* and date established: | Click here to enter text. |
|  |  |
| Company Registration Number: | Click here to enter text. |
|  |  |
| Address: | Click here to enter text. |
|  |  |
| Registered Address if different: | Click here to enter text. |
|  |  |
| Telephone number: | Click here to enter text. |
|  |  |
| Web address: | Click here to enter text. |
|  |  |
| Principal contact name, email address and telephone number: | Click here to enter text. |
|  |  |
| Financial year end: | Click here to enter a date. |
|  |  |
| Name and address of accountant/auditor: | Click here to enter text. |
|  |  |

**Please provide details of group structure (if applicable) and copies of the Counterparty's last three years' statutory report & accounts.**

**Tick to confirm inclusion**

|  |  |
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| REGULATORY STATUS | |
|  |  |
| Please provide details of the applicable insurance regulator, website address and the allocated reference number for the Counterparty: | Click here to enter text. |
|  |  |
| Does the Counterparty have permission to hold Client Money? | Yes  No |
|  |  |
| Should the Counterparty be unable to hold Client Money any premiums will have to be held in trust for Insurers’. Please provide evidence to demonstrate that such an account has been established with your Bank (e.g. Trust Document; Letters from your Bank confirming the establishment of such an account, etc.). | |
|  |  |
| Does the Counterparty segregate insurance money from their own funds? | Yes  No |
|  |  |
| Has the Counterparty:   * ever been adjudged by a court liable for fraud, misfeasance, wrongful trading or other misconduct? * ever knowingly been the subject of an investigation into misconduct or malpractice? * ever been subject to a disciplinary proceeding by any trade, profession or regulatory body?     If yes, please provide details. | Yes  No  Yes  No  Yes  No  Click here to enter text. |
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| PROFESSIONAL INDEMNITY INSURANCE  *We are required to obtain details and evidence of your Professional Indemnity / Errors and Omissions Insurance Policy.* | |
|  |  |
| Insurer Name: | Click here to enter text. |
|  |  |
| Start Date: | Click here to enter a date. |
|  |  |
| End Date: | Click here to enter a date. |
|  |  |
| Limit of Indemnity: | Click here to enter text. |
|  |  |
| Excess: | Click here to enter text. |
|  |  |
| Please provide a copy of your current Professional Indemnity / Errors and Omissions Insurance Policy.  Please tick to confirm inclusion: | |
|  | |
| Please provide details of any claims made within the last five years or any circumstances that may give rise to claim: | Click here to enter text. |

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| GENERAL BUSINESS CONDUCT |  |
|  |  |
| Has the Counterparty had a potential trading partner refuse it a terms of business agreement, or had an existing one revoked, in the last year?  If yes, please provide details. | Yes  No  Click here to enter text. |
|  |  |
| Does the intermediary outsource any insurance related activities to third parties?  If yes, please provide details of which activities and the names of the provider. | Yes  No  Click here to enter text. |
|  |  |
| Name of shareholders with more than 20% shareholding. | Click here to enter text. |
|  |  |
| Senior Management i.e names of members of the board. | Click here to enter text. |
|  |  |
| Any association with government or government officials. | Click here to enter text. |
|  |  |
| Name and address of third parties receiving commission related to the business. | Click here to enter text. |
|  |  |

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| --- | --- |
| ACCOUNT PROFILE | |
|  |  |
| Please indicate the type of arrangement sought with SISL: | Choose an item. |
|  |  |
| Introducer: | Yes  No |
|  |  |
| Intermediary dealing direct: | Yes  No |
|  |  |
| Intermediary dealing via a network: | Yes  No |
|  |  |
| Intermediary dealing direct and via network: | Yes  No |
|  |  |
| Would the Intermediary seek to sub-delegate any aspect of a binding authority, which may be granted to it by SISL, down to any other sub-intermediary?  If yes, please specify for each such proposed sub-intermediary the full name, regulatory reference number and the requested sub-delegation. | Yes  No  Click here to enter text. |
|  |  |
| Please indicate the classes of business for which placing is currently sought, indicating for each the anticipated number of units to be sold in year one. | |
| Category | **Year one unit sales** |
| Car Rental | Click here to enter text. |
|  |  |
| Excess | Click here to enter text. |
|  |  |
| International Private Medical | Click here to enter text. |
|  |  |
| Personal Accident | Click here to enter text. |
|  |  |
| Term Life | Click here to enter text. |
|  |  |
| Travel | Click here to enter text. |
|  |  |

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| BANK ACCOUNT INFORMATION  *For settlement of commissions, brokerage and/or introducer fees (as appropriate to your status and the TOBA / Introducer Agreement provided by us)* | |
|  |  |
| Bank Name: | Click here to enter text. |
|  |  |
| Bank Address: | Click here to enter a date. |
|  |  |
| Account Number / IBAN: | Click here to enter a date. |
|  |  |
| BIC: | Click here to enter text. |
|  |  |
| Sort Code: | Click here to enter text. |
|  |  |
| Routing Code: | Click here to enter text. |
|  |  |

*Sort Code & Routing Code may not be appropriate to all countries*

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| DECLARATION | |
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| We confirm that to the best of our knowledge and belief the information contained in this questionnaire and attachments are correct. | |
|  | |
| Please ensure you have attached the following:   * A copy of group structure chart (if applicable) * A copy of the last three years' statutory report and accounts * A copy of the trust document governing the insurance monies bank account * A copy of the bank letter * `A copy of the Professional Indemnity insurance certificate | |
|  |  |
| We confirm that we will bear any credit risk in respect of premium payments due from any sub-intermediaries appointed by us. Agreed | |
|  | |
| We confirm that we have systems and controls in place to ensure that appropriate financial sanctions screening is undertaken on all proposers prior to inception of cover. This shall apply whether or not we, or sub-intermediaries appointed by us, are dealing directly with the insured. Agreed | |
|  | |
| Name of person responsible: Click here to enter text. | |
|  | |
| Title: Click here to enter text. | |
|  | |
| Date: Click here to enter a date. | |
|  |  |

**Please return completed form and attachments to:**

[**brokerapplication@expatriategroup.com**](mailto:brokerapplication@expatriategroup.com)

**INTERNAL USE ONLY**

Agent Code:

Commission:

iPMI:

Travel:

Income Protection:

PAI:

Other (State):

Account Manager:

Date: