



INSURANCE BROKERS SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your PI Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Name of Applicant

Name of Broker

A APPLICANT DETAILS

1. Please indicate which of the following you are licensed as:

- Insurance broker (life)
- Insurance broker (non-life)
- Insurance agent (life)
- Insurance agent (non-life)

2. Please provide details of any professional body or association to which your firm belongs.

B BUSINESS DETAILS

1. Please state the classes of business you handle together with the percentage each represents of your total premium income

| Class of Business | % | Class of Business | % |
|---------------------|---|--------------------------------------|------|
| Personal home/motor | % | GL, Stat, EL | % |
| Life & Pensions | % | PI, D&O | % |
| Investments | % | Property, Construction | % |
| Health, Disability | % | Livestock, Bloodstock | % |
| Commercial Fleet | % | Other (specify) <input type="text"/> | % |
| Marine | % | Other (specify) <input type="text"/> | % |
| Aviation | % | TOTAL | 100% |



2. Do you complete proposal forms on behalf of your clients? Yes No

If Yes, please describe how you ensure accuracy of information to underwriters

Empty text box for describing accuracy of information to underwriters.

3. Do you forward policy documents to your clients? Yes No

If No, please describe how you ensure your client is informed of policy terms etc.

Empty text box for describing how client is informed of policy terms.

C LLOYDS BUSINESS

1. Can you place business with Lloyds underwriters either:

- (a) Directly with any firm or Lloyds brokers in London? Yes No
(b) Indirectly through the intermediary of another agent or broker? Yes No

If Yes to either of the above, please provide full details

Empty text box for providing details of Lloyds business.

2. Have you the power to accept/bind risks:

- (a) on behalf of any company? Yes No
(b) on behalf of Lloyds underwriters? Yes No

If Yes to either of the above, please provide full details

Empty text box for providing details of power to accept/bind risks.

D AGENCY AGREEMENTS

1. Please name all insurers with whom you have an agency and state whether a formal agency agreement exists.

Table with 4 columns: Insurer, Agreement Yes/No, Insurer, Agreement Yes/No. Contains 6 empty rows for data entry.



2. Do you have any sub agents? Yes No

If Yes, what is their remuneration?

Empty text box for remuneration details.

E FINANCIAL DETAILS

1. Please provide the following details

Table with 4 columns: Category, Last Year, This Year, Next Year. Rows include Net premium income, Commission or brokerage, Insurance consulting fees, and Policy servicing fees.

2. Is insurance your full-time occupation? Yes No

If No,

(a) What percentage of your income is derived from insurance? [] %

(b) Please provide full details of your other professions/occupations/employment

Empty text box for other professions/occupations/employment details.

3. Is there any other information in your possession that you would consider material to the risk being proposed? Yes No

If Yes, please provide full details

Empty text box for other material information details.

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed [] Date [/ /]

Printed name []

Position []



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