

TO:-

RISKGUARD – AFRICA (NIG) LTD
RETAIL INSURANCE PROJECT MANAGEMENT OFFICE
46, ISAAC JOHN STREET, G.R.A IKEJA, LAGOS.

6 of 8

PLATFORM PROVIDER'S APPLICATION

Provide all information and materials requested on the instruction page. Incomplete application package will result in processing delays and possible declination.

APPLICANT'S INFORMATION

A. APPLICANT'S NAME:

CATEGORY – INDIVIDUAL PROF. BODY BANK INSURANCE GOVT/MDA

Provide copy of License/Agency name etc. If already licensed as an Insurance institution.

Corporate Investor must attach copies of Articles of Association and Certificate of Incorporation.

B. Business/Home Address of the intending Platform Provider:

1 Street: Area:

City/Town: LG: State:

Qualifications: Age:

Years of Experience:

Details of last/current Managerial Experience:

Place of Work	Position	Period	Year Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROPOSED OFFICE LOCATIONS

1. Street: Area: City:

Proposed Manager's name:

Qualifications: Age: Gender:

Areas of Post NYSC Experience:

Years of Experience: Insurance Others

Relationship with you: How long in the City:

2. Street: Area:

Proposed Manager's name:

Qualifications: Age: Gender:

Areas of Post NYSC Experience:

Years of Experience: Insurance: Others:

Relationship with you: How long in the City:

Proposed Commencement Date:

I. AGENCY INFORMATION (Continued)

C. List of 5 Proposed employees who are to be engaged for Insurance purpose

<u>Name</u>	<u>Title</u> <u>Age</u>	<u>Qualification</u>	<u>Office Location</u>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Additional proposed employees information may be provided on a separate sheet of paper)

Note: The proposed employees may be required to complete the Anti-Money Laundering and Fraud Recognition Course with NAICOM within 6 months of their hire and/or certification by us.

D. Do you wish to operate in other states outside your state of residence.

YES:

NO:

Where?

E. Do you have relationship whatsoever with any Insurer at the moment or share office space with an Insurance Broker or Agent. if none, indicate **NONE**.

Name of Insurer/Broker

Relationship/Details

F. Indicate any Underwriter or Insurance Broker with which you may have an agreement or an ability for placement of Insurance business in Future.

If none, indicate **NONE**.

Name of Broker/Underwriter.

Relationship Details

G. Indicate if your Platform will be interested in performing other activities other than sale of Insurance – Marketing of Real Estate, Motor Vehicles, Consumer Goods, Market Research, Risk Survey, Insurance Consulting etc.

Indicate if you are employed or receive income in a capacity other than Insurance sales at the moment?

If none, indicate **NONE**.

Name of Provider/Employer

Type of Business

Your Position

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address:

II. MARKET EXPERIENCE

H. List agencies or companies with which, during the past sixty (60) months, an agreement exists between you and them for placement or writing of Insurance coverage(s). Indicate type of association (employee, brokerage, agency, referral only, servicing of policies, etc.) Dates of association, and volume of business with which you were directly involved.

Provide documentation from the agency or company confirming experience.

If none, indicate **NONE**.

<u>Agency/Company</u>	<u>Association</u>	<u>From/To</u>	<u># of Policies Placed.</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

I. Indicate whether you ever had an Insurance Broking/Agency License revoked by NAICOM, including failure to meet licencing requirement within the past sixty (60) months.

If none, indicate **NONE**.

Details

J. Indicate whether there has been a breach of a contract between you or an employee of yours with a Risk Carrier or an Insurance Distribution Company (IDC) in the past 10 years?

If none, indicate **NONE**.

<u>Company</u>	<u>Type of Relationship</u>
<input type="text"/>	<input type="text"/>

Details:

K. Indicate whether there is any premium owed in dispute or in default with any insurance company on clients premiums due to them?

If none, indicate **NONE**.

<u>Company</u>	<u>Details</u>
<input type="text"/>	<input type="text"/>

L. Indicate if any licence held by you or by an employee has been suspended or revoked by any Financial Services Regulator or if any licence has been surrendered in the course of, or as a result of, an investigation by the Insurance Regulator or Attorney General's Office.

If none, indicate **NONE**.

Details

M. Indicate if you or an employee of yours has been convicted of a crime related to your/his/her occupation as an Insurance Person.

If none, indicate **NONE**.

Details

III. AUTHORIZATION AND SIGNATURE

AUTHORIZATION

I hereby declare that the information on this application is complete and true to the best of my knowledge.

I have read and understood the **Rights and Obligations of a Platform Provider** and Instructions which are available on Riskguard - Africa's website.

I hereby agree to comply with the provisions of Riskguard - Africa's Rules of Operation, Guidelines, the Standard Operating Procedures, the Platform Providers Contract Agreement, the Collaborating Risk Carriers' Manual of Underwriting Procedures, and the applicable Regulations and the Laws of the Federal Republic of Nigeria on insurance. I also agree to comply with any future changes to the Rules or any directive on Retail Insurance Distribution of the Governing Committee of the Licenced Insurance Provider to be appointed for me by Riskguard – Africa (Nig) Ltd.

I understand that the Riskguard - Africa's stamp and the Binders Notes to be provided for the branch for purposes of certifying coverage with the Nigerian Public is the property of the Licenced Insurance Provider and is not to be reproduced. Replacement and/or request for additional Stamps or Binders Notes will be authorized only through the directive of the Project Management Office on Retail Insurance. I agree that use of the stamp will be by only qualified and authorized representative of my Platform.

I understand that I and all the employees are required to receive training on approved Products, Underwriting Procedures, Risk Survey, Claims Reporting and Customer Service which must be completed before business take-off. Further, that any new employees of the branch must complete the said training before his/her date of hire.

I agree to notify Riskguard – Africa fifteen (15) months in advance of my intention to exit from the Project and agree to secure permission of any change in the branch status (i.e. only, change in address,) before effecting such change. I understand that all the employees, the businesses generated and, the Platform will operate under the Trade Name and Control of the Licenced Insurance Provider to be appointed for me.

I hereby authorize the Licenced Insurance Provider to be appointed for me to release to the National Insurance Commission (NAICOM) any information pertinent to the Platform location, operation, personnel, associates, partners and other business operations in the office. The same authority applies to other government and regulatory agencies for investigation on fraud, money laundering or corruption related issues within or outside Nigeria.

I agree to pay the appropriate fee for Induction Training and Take – off materials for my staff to Riskguard – Africa (Nig) Ltd immediately my application is approved while those of subsequent periods should be deducted from my income on monthly basis in line with the provisions of the Five (5) year Financial Projection as applicable to my office location in Nigeria.

Date: _____ Authorized signature: _____

Print name and title of authorized signature: _____

Initial/Date _____