

#### Important:

- Please ensure each of your nominees possess the minimum competency requirements as set out in the GIARR (e.g. minimum 3 GCE "O" Level credit passes, the BCP, PGI and ComGI certifications).
   Please answer all questions. You may input "NA" only if the question(s) does not apply to you.
- We will review your application and contact you for an interview (if successful) within 2 weeks from date of receipt of this form.

ife Insurance		
How many corporate nominee(s) do you have?		
s/are your nominee(s) a Life Agent?	es 🛛 No (proceed to Q2)	
Which life insurance company do you represent?		
Nominee	Life Insurance Co.	
Nominee	Life Insurance Co.	
Nominee	Life Insurance Co.	
Nominee	No. of Year(s)	
Nominee	No. of Year(s)	
Nominee	No. of Year(s)	
How many clients do your nominee(s) currently have?		
Nominee	No. of Life Client(s)	
Nominee	No. of Life Client(s)	
Nominee	No. of Life Client(s)	



2	General Insurance				
i.	Have your nominee(s) ever sold general insurance products as a commissioned agent (consumer or commercial lines)?				
	□ Yes □ No (proceed to C	23)			
ii.	How many years of experience does your nominee(s) have in the general insurance industry?				
	Nominee	No	. of Year(s)		
	Nominee		. of Year(s)		
	Nominee	No.	. of Year(s)		
	Nominee		. of Year(s)		
iii.	Is your company representing any other general insurance companies?    Yes				
	If yes, please indicate the following: (Primary Principal)				
	(Secondary Principal 1)				
			(Secondary Principal 2)		
iv.	Please provide a detailed breakdown of your general insurance portfolio:				
	Consumer Lines % 🗌 M	otor 🗌 Travel	□ Maid □ Other	·s	
	Commercial % 🗆 M Lines	arine  Property 8 Casualty	Construction		
	Last Annual Total GWP: S\$				



3	Business with HL Assurance				
i.	How much general insurance business do you plan to place with HL Assurance in one year?				
	□ \$\$30,000 - \$\$50,000 □ \$50,001 - \$\$99,999 □ > \$\$100,000				
ii	Which of the following line of business will be your area of focus when HL Assurance on-board yo our agent.				
	Consumer Lines S\$				
	Commercial Lines S\$				
4	Declaration				
i.	Have you and/or your nominee agent(s) ever been terminated by any insurance company? If yes, please provide the name of the insurance company, the date and reason of the termination.				
ii.	Have you and/or your nominee(s) been convicted of any Offence under any Court of Law? If yes, please provide date and details of incident:				
iii.	Have you and/or your nominee agent(s) been declared a Session Yes No bankrupt?				
	If yes, have you and/or your nominee agent(s)				
	(Discharged date:)				
iv.	Has any proceeding of any nature been taken against you and/or your nominee agent(s) in any Court of Law?				



	□ Ye	es 🗆 No	If yes, please provide details:			
v.		n aware that I need to	-			
	CPD	) Hours (1 <sup>st</sup> January to	o 31 <sup>st</sup> December)			
		Agent Type		CPD Requirement		
		Composite Agent		30 Hours (life insurance) AND		
		(selling life and gen	eral insurance products)	8 Hours (general insurance)		
		General Agent		24 Hours (Year 1)		
		(selling general insu	rance products only)	24 Hours (Year 2) 15 Hours (Year 3 onwards)		
vi.				e), (GIA/NRIC), hereby declare		
		that all information furnished above are correct and complete. In the event of false declaration made, HL Assurance reserves the right to cancel my application or terminate my representation if I am				
	subsequently accepted as an agent.					
	Sigr	nature	Mobile	Date		
	Ema	ail				