Application by Insurance Broker to Conduct Reinsurance Brokering Business

(English version of this form is for reference only. Application must be submitted in Chinese.)

TO: Insurance Bureau, Financial Supervisory Commission, Executive Yuan

| Type of practice | | ☐ Broker, life insurance | | Type of company | ☐ Head office | | |
|--------------------------------|---|------------------------------|------------------|---|--------------------------|-----------------------------|---------|
| | | ☐ Broker, non-life insurance | | | ☐ Branch | | |
| Name of applicant | | | GUI number | | Company phone | e: | |
| | | | | | Company fax | | |
| Applicant's responsible person | | | Personal ID: | | Date of birth (YY/MM/DD) | | (/ /) |
| | | | | | | | |
| | | | ☐ Female | (11//////////////////////////////////// | | | |
| Applicant's paid-in capital | | | Business address | | | | |
| | Documentation to be submitted for r | | eview | Index | | Insurance Bureau assessment | |
| 1. | Proof of paid-in capital amount and purchase of professional liability insurance: | | | | | | |
| | | | | | | | |
| | ⇒Proof of paid-in capital of at least NT\$6 million. ⇒Duplicate copy of a professional liability insurance policy taken out by the applicant. | | | | | | |
| | | | | | | | |
| | (Applicant must be insured for an amount equal to 30% of paid-in capital, and for at least NT\$4 million per insured event; The aggregate insured amount for the coverage period must be at least three times the minimum insured | | | | | | |
| | | | | | | | |
| | amount for a single insured event.) | | | | | | |
| 2. | Proof of qualifications of person(s) in charge of conducting reinsurance brokering business: | | | | | | |
| | ⇒Photocopy of graduation certificate from a domestic or foreign school at the level of jr. college or higher. | | | | | | |
| | ⇒Proof of at least three years of experience in the conduct of reinsurance business. | | | | | | |
| | ⇒Proof that person in charge is not currently employed at an insurance enterprise or at the relevant Insu | | | | ne relevant Insurance | | |

| | Association. | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|
| 3. | Minutes from the directors meeting where it was resolved to conduct reinsurance brokering business. | | | | | | | |
| 4. | A workflow plan designed in compliance with Point 4 of the Directions for the Review and Approval of Reinsurance | | | | | | | |
| | Brokering Business Conducted by Insurance Broker Companies: | | | | | | | |
| | ⇒A reinsurance workflow plan that complies with each of the following requirements: | | | | | | | |
| | 1. Article 26, paragraph 3 of the Regulations Governing Insurance Brokers. | | | | | | | |
| | 2. Article 26, paragraph 4 of the Regulations Governing Insurance Brokers. | | | | | | | |
| | 3. Article 27 of the Regulations Governing Insurance Brokers. | | | | | | | |
| | 4. The internal segregation of duties and workflow must be designed to maintain a separation between insurance | | | | | | | |
| | and reinsurance brokering. | | | | | | | |
| 5. | The financial report for the most recent fiscal year, audited and attested by a CPA. | | | | | | | |
| 6. | Proof of membership in the appropriate Insurance Association. | | | | | | | |
| <mark>Insurance</mark> | Bureau decision: Application approved; Request for additional documentation; Application denied | | | | | | | |
| | Applicant / seal / Contact person's name and phone: | | | | | | | |
| Date: | | | | | | | | |
| Authority: | | | | | | | | |
| 2nd review: | | | | | | | | |
| 1st review: | | | | | | | | |
| Case handler: | | | | | | | | |