



## PRE-INTERVIEW FORM (CORPORATE)

<b>2</b>	<b>General Insurance</b>			
i.	Have your nominee(s) ever sold general insurance products as a commissioned agent (consumer or commercial lines)?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No (proceed to Q3)			
ii.	How many years of experience does your nominee(s) have in the general insurance industry?			
	Nominee	No. of Year(s)		
	_____	_____		
	Nominee	No. of Year(s)		
	_____	_____		
	Nominee	No. of Year(s)		
	_____	_____		
	Nominee	No. of Year(s)		
	_____	_____		
iii.	Is your company representing any other general insurance companies?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	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	%	<input type="checkbox"/> Motor <input type="checkbox"/> Travel <input type="checkbox"/> Maid <input type="checkbox"/> Others _____	
	Commercial Lines	%	<input type="checkbox"/> Marine <input type="checkbox"/> Property & Casualty <input type="checkbox"/> Engineering & Construction <input type="checkbox"/> Fin. Lines <input type="checkbox"/> Others _____	
	Last Annual Total GWP: S\$ _____			

**PRE-INTERVIEW FORM  
(CORPORATE)**

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

**PRE-INTERVIEW FORM  
(CORPORATE)**

Yes       No      If yes, please provide details: \_\_\_\_\_

v. I am aware that I need to fulfil the following:  
**CPD Hours (1<sup>st</sup> January to 31<sup>st</sup> December)**

	<b>Agent Type</b>	<b>CPD Requirement</b>
<input type="checkbox"/>	Composite Agent (selling life and general insurance products)	30 Hours (life insurance) AND 8 Hours (general insurance)
<input type="checkbox"/>	General Agent (selling general insurance products only)	24 Hours (Year 1) 24 Hours (Year 2) 15 Hours (Year 3 onwards)

vi. We, \_\_\_\_\_ (Name), \_\_\_\_\_ (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.

Signature \_\_\_\_\_ Mobile \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_