

SECTION 3: Work Experiences

Details of Your Current Principals (if Any)

- a. Primary Principal:
- b. Secondary Principal 1:
- c. Secondary Principal 2:

If you already represent 3 principals, which would you replace for Sompo?

Reason(s) for choosing Sompo?

For a Composite Agent applicant, provide the name of your Life Insurance company.

Years of Experience in: (a) General Insurance (b) Life Insurance

Details of Past Work/Business Experiences

(eg. Financial Advisors, GI Companies, Broking Firms, GI Agencies or others, please specify)

Employer/Principal Representation	Position Held	Year Joined	Year Left	Type of Business

Termination of General Insurance Licence (if Any)

Have you ever been refused registration/licence by ARB? Yes No

If yes, please provide details:

Reason(s) for Termination: Date of Termination: (dd/mm/yyyy)

SECTION 4a: About Your Company's Business Volume (Current & Projected)

Your business volume (inclusive of all existing principals in the last 2 years)

Year S\$ Year S\$

Your projected business volume with Sompo for 2 years

Year S\$ Year S\$

(To support your application, please also submit a detailed 2-year Business Plan for your agency business with us)

SECTION 4b: About Your Agency's Business Volume (Current & Projected)

Please state your current and expected overall annual business volume (all principals combined)

Business Class	Current GWP (S\$)	Projected GWP (S\$)
Personal Accident/Travel		
Motor		
Casualty/Property		
Marine		
Others (please specify)		
Total		

SECTION 5: References

Please provide 2 business-related referees:

Name of Referee 1: Contact No:
Name of Referee 2: Contact No:

SECTION 6(a): Declaration (FOR NEW APPLICATION ONLY)

I acknowledge and agree that Sompō may collect, use, disclose and/or process my personal data in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompō's Privacy Policy (including screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to regulatory bodies and industry associations.

I hereby declare that the above statements are true, accurate and complete and agree that they shall be the basis of the Contract between Sompō Insurance Singapore Pte. Ltd. and me.

Applicant Name	Signature	Date

SECTION 6(b): Declaration (FOR ADDITIONAL NOMINEE AGENT ONLY)

We acknowledge and agree that Sompō may collect, use, disclose and/or process our personal data in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompō's Privacy Policy (including screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to regulatory bodies and industry associations.

We hereby declare that the above statements are true, accurate and complete and agree that they shall be the basis of the Contract between Sompō Insurance Singapore Pte. Ltd. and ourselves.

	Signature/Company Stamp	Date
Name of Main Agent: _____		
Name of Nominee Agent: _____		

FOR OFFICIAL USE ONLY

Interviewed by _____ Date _____

