AIG

PRE-INTERVIEW FORM
AGENCY APPLICATION (CORPORATE)

Important:

- Please ensure your nominee(s) have **ALL** the relevant certificates:
  - CGI (old syllabus) <u>or</u> BCP and PGI and ComGI (new syllabus)
  - HI, mandatory for selling of Health Insurance products
  - Highest educational certificates (min. 3 GCE 'O' level credit passes)
- You must answer **ALL** questions. If any question does not apply to you, please write "NA".
- Upon completion of this form, please email it to **becomeapartner_sg@aig.com**.
- We will review your application and contact you for an interview (if successful) within 2 weeks from date of receipt of this form.

1	Life Insurance

i.	**How many corporate nominee(s) do you have?** _____
ii.	**Is/are your nominee(s) a Life Agent?** □ Yes □ No (proceed to Q2)
iii.	**Which life insurance company do your nominee(s) represent?** Nominee _____ Life Insurance Co. _____ Nominee _____ Life Insurance Co. _____ Nominee _____ Life Insurance Co. _____
iv.	**Is/are your nominee(s) an Agency Leader?** □ Yes □ No If yes, state name of nominee(s) _____
v.	**How many years have your nominee(s) been in the life insurance industry?** Nominee _____ No. of Year(s) _____ Nominee _____ No. of Year(s) _____ Nominee _____ No. of Year(s) _____
vi.	**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) _____
vii.	**What is your nominee(s) latest production for life insurance?** Nominee _____ Production S$ _____ Nominee _____ Production S$ _____ Nominee _____ Production S$ _____

2	General Insurance

i.	**Have your nominee(s) ever sold general insurance products as a commissioned agent (e.g. consumer or commercial lines)?** □ Yes □ No (proceed to Q3)

ii.	**How many year(s) have your nominee(s) been in the general insurance industry?**

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?** □ Yes □ 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 sales:**

Consumer Lines _____%

❑ Motor	❑ Travel	❑ PA	❑ Home	❑ Others _____

Commercial Lines _____%

❑ Marine	❑ SME	❑ Casualty	❑ Fin. Lines	❑ Others _____

Last Annual Total Production S$ _____

3	**Partner with AIG Asia Pacific Insurance Pte. Ltd. (AIG)**
i.	**How much general insurance business do you expect to place with AIG in one year?** □ S$30,000 – S$50,000 □ S$50,001 – S$99,999 □ > S$100,000
ii.	**What will be your area of focus for general insurance with AIG?** **Consumer Lines** S$ _____ **Commercial Lines** S$ _____

4	**Declaration**
i.	**Have you and/or your nominee agent(s) ever been terminated by any insurance company?** □ Yes □ No If yes, which insurance company, when and why? _____
ii.	**Have you and/or your nominee agent(s) been convicted of any offence under any Court of Law?** □ Yes □ No If yes, what offence were you and/or your nominee agent convicted of and when? _____
iii.	**Have you and/or your nominee agent(s) been declared a bankrupt?** □ Yes □ No If yes, have you and/or your nominee agent(s) been discharged? □ Yes (Discharged on _____) □ No
iv.	**Has any proceeding of any nature been taken against you and/or your nominee agent in any Court of Law?** □ Yes □ No If yes, please provide details: _____

v. We are aware that we need to fulfill the following:

(A) CPD Hours (1 January – 31 December)

	Agent Type	CPD Requirement
☐	**Composite Agent** (selling life <u>and</u> general Insurance products)	**30 Hours** (life insurance) **AND** **8 Hours** (general insurance)
☐	**General Agent** (selling general insurance products only)	**24 Hours** (year 1) **24 Hours** (year 2) **15 Hours** (year 3 onwards)

(B) Minimum Production Requirement (1 December – 30 November) of S\$ _____

vi. We, _____ , _____ ,

                         [Company Name]   [Business Registration No.]

_____ , _____ ,

   [Incorporation Date]   [Address]

hereby declare that all the information furnished above is true and correct. In the event of a false declaration being made on this Form, AIG Asia Pacific Insurance Pte. Ltd. reserves the right to cancel our application or terminate our agency representation if we are subsequently accepted to represent AIG Asia Pacific Insurance Pte. Ltd.

By signing this form, I acknowledge and consent to the collection, use and/or disclosure of my personal data by AIG Asia Pacific Insurance Pte. Ltd. for the purpose of processing this application.

Signature: _____   Company Stamp :_____

Name of Authorised Representative: _____   Date :_____

Email: _____   HP No.: _____