

## **Insurance Intermediaries Rule 10 of 2007**

### **Particulars of Intermediaries to be entered in the Agents List, Managers List Brokers List or Tied Insurance Intermediaries List**

#### **Rule pursuant to article 9 and 36 of the Act**

1. (1) This Insurance Intermediaries Rule on the particulars of persons that are to be entered in the Agents List, Managers List, Brokers List or Tied Insurance Intermediaries List in relation to the enrolment of persons carrying out insurance intermediaries activities (“this Rule”) is made by the Authority pursuant to, and for the purposes of, article 9 and 36 of the Act.

(2) This Rule shall come into force on the 1<sup>st</sup> March 2007.

#### **Scope**

2. The scope of this Rule is to determine the particulars of persons that are enrolled in the Agents List, Managers List, Brokers List or Tied Insurance Intermediaries List and carrying out insurance intermediaries activities.

### **Particulars of persons to be entered in the Agents List, Managers List, Brokers List or Tied Insurance Intermediaries List**

3. (1) In relation to the enrolment of persons desirous of carrying out, or carrying out insurance intermediaries activities, the particulars to be entered in the Agents List, Managers List or Brokers List as determined by this Rule for the purpose of article 9 of the Act are -

(a) where the intermediary is a local person, those set out in the First Schedule to this Rule;

(b) where the intermediary is a foreign company, those set out in the Second Schedule to this Rule.

(2) The particulars to be entered in the Tied Insurance Intermediaries List as determined by this Rule for the purpose of article 36 of the Act are those set out in the Third Schedule to this Rule.

## **Repeals and Savings**

4. (1) Without prejudice to article 4(2) of the Preliminary provisions and saving the provisions of paragraph (2) of this article, Insurance Intermediaries Directive 10 of 1999 – Particulars of Companies to be Entered in the Brokers List, is hereby repealed.

(2) Every action, directive, instruction, guideline or order whatsoever taken or commenced thereunder or under Insurance Intermediaries Directive 17 of 1999 - Particulars of Persons to be entered in the Sub-agents List in so far as they relate to such particulars for enrolment, shall continue to be valid and in force, as if such action, directive, instruction, guideline or order were taken or commenced under this Rule.

## FIRST SCHEDULE

*(Article 3 of the Rule)*

### Insurance Intermediaries Act, 2006

*(Article 9 of the Act)*

#### The Agents List, Managers List or Brokers List

#### Particulars of local intermediaries carrying out insurance intermediaries activities

##### A: Personal Details

A1. *(where the person is an individual)*

A1.1. Full name *(surname/forename/s including title and name by which commonly known)*.

A1.2. Any previous name by which known.

A1.3. Identity Card number/Passport number.

A1.4. Address of place of business.

A1.5. Business telephone number/s.

A1.6. Business fax number/s.

A1.7. Business e-mail address/es.

A2. *(where the person is not an individual)*

A2.1. Name of body corporate.

A2.2. Date of registration under the Companies Act, 1995 *(day/month/year)*.

A2.3. Registration number.

A2.4. Address of registered office.

A2.5. Address of places of business *(if not the same as A2.4)*.

A2.6. Business telephone number/s.

A2.7. Business fax number.

A2.8. Business e-mail address/es.

**B: Intermediaries activities**

B1. Category for which the intermediary is enrolled.

B2. Classes of insurance (*where applicable*)

**Long term business -**

- I.  Life and annuity
- II.  Marriage and birth
- III.  Linked long term
- IV.  Permanent health
- V.  Tontines
- VI.  Capital redemption
- VII.  Pension fund management
- VIII.  Collective insurance
- IX.  Social insurance

**General business -**

- 1  Accident and Health 

1	2
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- 2  Motor 

1(d)	3	7	10
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- 3  Marine and Transport 

1(d)	4	6	7	12
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- 4  Aviation 

1(d)	5	7	11
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- 5  Fire and other  
Damage to Property 

8	9
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- 6  Liability 

10	11	12	13
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7  Credit and Suretyship 

14	15
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8  General 

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18		

B3. Member State or EEA State in which the intermediary passported its activities specifying the method of passporting, (that is to say via freedom of establishment or services).

B4. In the case of an intermediary carrying out insurance intermediaries activities for and on behalf of an authorised undertaking, name of the authorised undertaking which the intermediary represents.

**C: Registered insurance person/s (Head Office)**

C1. Name/s of registered person/s within the management responsible for insurance intermediaries activities.

C2. Status of registered person/s (*that is to say whether director (D) or employee (E) of the company*).

C3. Certificate/s of registration number/s.

**D: Principal place of business**

D1. Address of principal place of business (*if not the same as A1.4 or A2.4*).

D2. Business telephone number/s.

D3. Business fax number/s.

D4. Business e-mail address/es.

**E: Branch or branches**

E1. Address or addresses of branch or branches.

E2. Business telephone number/s.

E3. Business fax number/s.

E4. Business e-mail address/es.

**F: Registered insurance person/s (Branch/es)**

F1. Name/s of registered person/s conducting insurance intermediaries activities from the branch.

F2. Status of registered person/s (*that is to say whether director (D) or employee (E) of the company*).

F3. Certificate/s of registration number/s.

**G: Enrolment**

G1. Date of enrolment (*day/month/year*).

G2. Enrolment number.

## SECOND SCHEDULE

*(Article 3 of the Rule)*

### **Insurance Intermediaries Act, 2006**

*(Article 9 of the Act)*

#### **The Agents List, Managers List or Brokers List**

##### **Particulars of foreign companies carrying on insurance intermediaries activities**

###### **A: Company details**

- A1. Name of company.
- A2. Date of registration, incorporation or constitution under the laws of the country where its head office is situated (*day/month/year*).
- A3. Number of registration, incorporation or constitution.
- A4. Address of registered office.

###### **B: Authorisation/permission to carry on insurance intermediaries activities in the country of registration, etc.**

- B1. Authorisation /permission number.

###### **C: The Malta branch**

- C1. Name of company.
- C2. Date of registration under the Companies Act, 1995 (*day/month/year*).
- C3. Registration number.
- C4. Address of registered office.

**D: Registered insurance person/s (Branch)**

- D1. Name/s of registered person/s within the management responsible for insurance intermediaries activities of the branch.
- D2. Status of registered person/s (*that is to say whether director (D) or employee (E) of the company*).
- D3. Certificate/s of registration number/s.

**E: Company representative**

**E1. (*where the representative is an individual*)**

- E1.1. Full name (*surname/forename/s including title and name by which commonly known*).
- E1.2. Any previous names by which known.
- E1.3. Identity Card number/Passport number.
- E1.4. Business telephone number/s.
- E1.5. Business fax number/s.
- E1.6. Business e-mail address/es.

**E2. (*where the representative is not an individual*)**

- E2.1. Name of body corporate.
- E2.2. Date of registration under the Companies Act, 1995 (*day/month/year*).
- E2.3. Registration number.
- E2.4. Address of registered office.
- E2.5. Address of principal place of business (*if not the same as E2.4.*).
- E2.6. Business telephone number/s.
- E2.7. Business fax number/s.
- E2.8. Business e-mail address/es.



E2.9. Full name of the individual representative (*surname/forename/s including title and name by which commonly known*).

E2.9.1 Any previous name by which known.

E2.9.2 Business address or addresses.

E2.9.3 Identity Card number/ Passport number.

E2.9.4 Business telephone number/s.

E2.9.5 Business fax number/s.

E2.9.6 Business e-mail address/es.

**F: Principal place of business**

F1. Address of principal place of business in Malta (*if not the same as A4.*).

F2. Business telephone number/s.

F3. Business fax number/s.

F.4. Business e-mail address/es.

**G: Other places of business**

G1. Address or addresses of other place or places of business in Malta.

G2. Business telephone number/s.

G3. Business fax number/s.

G4. Business e-mail address/es.

**H: Registered insurance person/s (Other place/s of business)**

H1. Name/s of registered person/s within the management responsible for insurance intermediaries activities.

H2. Status of registered persons/s (*that is to say whether director (D) or employee (E) of the company*).

H3. Certificate/s of registration number/s.

**I: Enrolment**

- I1. Date of enrolment (*day/month/year*).
- I2. Enrolment number.

## THIRD SCHEDULE

*(Article 3 of the Rule)*

### Insurance Intermediaries Act, 2006

*(Articles 36 of the Act)*

#### The Tied Insurance Intermediaries List

##### Particulars of persons carrying out tied insurance intermediaries activities

###### A: Personal Details

A1. *(where the person is an individual)*

A1.1. Full name *(surname/forename/s including title and name by which commonly known)*.

A1.2. Any previous names by which known.

A1.3. Identity Card number/Passport number.

A1.4. Address of place of business.

A1.5. Business telephone number/s.

A1.6. Business fax number/s.

A1.7. Business e-mail address/es.

A2. *(where the person is not an individual)*.

A2.1. Name of body corporate.

A2.2. Date of registration under the Companies Act, 1995 *(day/month/year)*.

A2.3. Registration number.

A2.4. Address of registered office.

A2.5. Address of places of business *(if not the same as A2.4)*.

- A2.6. Business telephone number/s.
- A2.7. Business fax number.
- A2.8. Business e-mail address/es.
- A2.9. Full name of individual/s satisfying the provisions of subarticle (1) of article 35 of the Act (*surname/forename/s including title/s and name/s by which commonly known*).
- A2.9.1 Identity Card number/s of individual/s under A2.9.

**B: Authorised undertaking or European Insurance Undertaking enrolling the tied insurance intermediary**

- B1. Name of authorised undertaking or European insurance undertaking.
- B2. Address of registered office.

**C: Classes or groups of classes in relation to which tied insurance intermediaries activities are carried out**

**C1. Long term business -**

- I.  Life and annuity
- II.  Marriage and birth
- III.  Linked long term
- IV.  Permanent health
- V.  Tontines
- VI.  Capital redemption
- VII.  Pension fund management
- VIII.  Collective insurance
- IX.  Social insurance

**C2. General business -**

1	<input type="checkbox"/>	Accident and Health	1	2				
2	<input type="checkbox"/>	Motor	1(d)	3	7	10		
3	<input type="checkbox"/>	Marine and Transport	1(d)	4	6	7	12	
4	<input type="checkbox"/>	Aviation	1(d)	5	7	11		
5	<input type="checkbox"/>	Fire and other Damage to Property	8	9				
6	<input type="checkbox"/>	Liability	10	11	12	13		
7	<input type="checkbox"/>	Credit and Suretyship	14	15				
8	<input type="checkbox"/>	General	1	2	3	4	5	
			6	7	8	9	10	
			11	12	13	14	15	
			16	17	18			

C3.1 Member States or EEA States in which the tied insurance intermediary has passported its activities, specifying the method of passporting, (that is to say via freedom of establishment or services).

C3.2 Name of the authorised undertaking or European insurance undertaking which the intermediary represents.

**D: Enrolment**

D1. Date of enrolment (*day/month/year*).

D2. Enrolment number.