

PSI supporting institution

Application form

Dear colleague

Thank you for your organisation’s interest in becoming a supporting institution of the UNEP FI Principles for Sustainable Insurance (the ‘Principles’).

Supporting institutions carry out activities relevant to the insurance industry but are not companies. These include but are not limited to insurance regulatory or supervisory authorities, insurance associations or federations, and insurance institutes or academies.

As a supporting institution, you are publicly demonstrating your organisation’s support for sustainable insurance aims. Your organisation will be updated on and can be invited to relevant activities of the UNEP FI Principles for Sustainable Insurance Initiative.

Instead of paying annual fees, supporting institutions are encouraged to carry out at least one activity each year that would support the adoption and implementation of the Principles. Such activities include but are not limited to conducting research, providing training, hosting events and translating materials.

This application form needs to be submitted together with a letter signed by your organisation’s Chief Executive Officer, Chair of the Board or equivalent positions.

The letter must contain a statement confirming your organisation’s support for the Principles.

Please send the letter and completed application form to [psi-supporter@unepfi.org](mailto:psi-supporter@unepfi.org).

We will contact you to confirm your status as a supporting institution.

Thank you and we look forward to working with you in turning the Principles into practice.

Sincerely

The UNEP FI Principles for Sustainable Insurance Initiative

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| I. Organisation information | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | |
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| Street address (head office) | | | | | | | |  | | | | | | | | | |
| City |  | | | | | | | | Province/State | | | | | | | |  |
| Post/Zip code | | | | |  | | | | Country | | |  | | | | | |
| Website |  | | | | | | | | | | | | | | | | |
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| Please choose a supporting institution category below **which best represents** your organisation. Please choose **only one category** then answer the subsequent items. | | | | | | | | | | | | | | | | | |
| **Supporting institution category** | | | | | | | | | | | | | | | | | |
| Insurance regulatory or supervisory authority | | | | | | | Insurance association or federation | | | | Insurance institute or academy | | | | | Other | |
| **1. Your organisation’s insurance industry members or focus** (please tick all applicable boxes) | | | | | | | | | | | | | | | | | |
| Insurance regulators or supervisors | | | | | | | | | Insurers | | | | | Reinsurers | | | |
| Agents | | | | | | Brokers | | | | Risk model vendors | | | | | Other | | |
| **2. Lines of insurance business within the scope of your organisation’s activities** | | | | | | | | | | | | | | | | | |
| All lines | | | | Life / Health / Pensions | | | | | Non-Life / Property & Casualty | | | | | | | | Other |
| **3. Geographic scope of your organisation’s activities** | | | | | | | | | | | | | | | | | |
| Global | | | International / Regional | | | | | | National | | | | State | | | | Other |
| Please give a brief description of your organisation and its primary activities.  You are also encouraged to give your reasons for joining the UNEP FI Principles for Sustainable Insurance Initiative, any expectations you may have as a supporting institution, and any activities you may be planning to support the adoption and implementation of the Principles. | | | | | | | | | | | | | | | | | |
| In which countries does your organisation operate? Please list all. | | | | | | | | | | | | | | | | | |

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| II. Contact details | | | | | | | |
| **Chief Executive Officer, Chair of the Board or equivalent positions** | | | | | | | |
| Title (e.g. Mr/Ms/Dr) | | |  |  | Tick the box if address same as head office | | |
| First name |  | | | Street | |  | |
| Last name |  | | | City | |  | |
| Role (e.g. CEO) |  | | | Province/State | | |  |
| Email |  | | | Post/Zip code | | |  |
| Phone  (e.g. +41 (0)22 917 8777) | |  | | Country | |  | |

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| **Primary contact for PSI communications** | | | | | | | | | | | |
| Title (e.g. Mr/Ms/Dr) | | | | |  |  | | Tick the box if address same as head office | | | |
| First name | |  | | | | Street | | | |  | |
| Last name | |  | | | | City | | | |  | |
| Role (e.g. CEO) | |  | | | | Province/State | | | | |  |
| Email | |  | | | | Post/Zip code | | | | |  |
| Phone  (e.g. +41 (0)22 917 8777) | | |  | | | Country | | |  | | |
| **Secondary contact for PSI communications** | | | | | | | | | | | |
| Title (e.g. Mr/Ms/Dr) | | | |  | |  | Tick the box if address same as head office | | | | |
| First name |  | | | | | Street | | | |  | |
| Last name |  | | | | | City | | | |  | |
| Role (e.g. CEO) |  | | | | | Province/State | | | | |  |
| Email |  | | | | | Post/Zip code | | | | |  |
| Phone  (e.g. +41 (0)22 917 8777) | | |  | | | Country | | |  | | |

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| Please enter the details of additional contacts at your organisation you would like to receive PSI communications. | | | |
| **First name** | **Last name** | **Role** | **Email** |
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