 

PSI signatory company

Application form and annual fees

Dear colleague

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

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 statements confirming your organisation’s approval of the Principles and its agreement to the following signatory requirements:

* Participation in the annual public disclosure process
* Payment of annual fees

Please refer to the ‘About the Principles’ section of the Principles document for more information on these signatory requirements.

Section III of this application form outlines the annual fees.

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

We will contact you to confirm your status as a signatory.

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 signatory category below **which best represents** your organisation’s primary activity. Please choose **only one signatory category** then answer the corresponding items. | | | | | | | | | | | | | | | | |
| **Signatory category 1: Risk carriers** | | | | | | | | | | | | | | | | |
| Insurer | | | | | | Reinsurer | | | | | Retrocessionaire | | | Other | | |
| **1.1 Your lines of business** | | | | | | | | | | | | | | | | |
| All lines | | | Life / Health / Pensions | | | | | | Non-Life / Property & Casualty | | | | | | Other | |
| **1.2 Geographic scope of your business** | | | | | | | | | | | | | | | | |
| Global | | | | International / Regional | | | | | | | | National | | | Other | |
| **Signatory category 2: Intermediaries and other insurance service providers** | | | | | | | | | | | | | | | | |
| Agent | | | | | | Broker | | | | | Risk model vendor | | | Other | | |
| **2.1 Types of risk carriers you service** | | | | | | | | | | | | | | | | |
| All types | | | | Insurer | | | | Reinsurer | | | | Retrocessionaire | | | | Other |
| **2.2 Lines of business you service** | | | | | | | | | | | | | | | | |
| All lines | | | Life / Health / Pensions | | | | | | Non-Life / Property & Casualty | | | | | | Other | |
| **2.3 Geographic scope of your business** | | | | | | | | | | | | | | | | |
| Global | | | | International / Regional | | | | | | | | National | | | Other | |

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| **Signatory category 3: Other companies\***  \*Other types of companies with insurance business not covered by the first two categories above | | | | | | | |
| Type of company | | | | | | | |
| **3.1 Your lines of insurance business** (if you write insurance business) | | | | | | | |
| All lines | Life / Health / Pensions | | Non-Life / Property & Casualty | | | Other | |
| **3.2 Lines of insurance business you service** (if you provide insurance services) | | | | | | | |
| All lines | Life / Health / Pensions | | Non-Life / Property & Casualty | | | Other | |
| **3.3 Geographic scope of your insurance business** | | | | | | | |
| Global | | International / Regional | | National | State | | Other |

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| 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 and any expectations you may have as a signatory. |
| In which countries does your organisation operate? Please list all. |

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| **For signatory category 1: Risk carriers** | | **Please report in US Dollars million** |
| **1.1 Basis of annual fee**  Please state your organisation’s total gross premiums written. | |  |
| **1.2 Additional information**  Please state your organisation’s total assets. | |  |
| **For signatory category 2: Intermediaries and other insurance service providers** | | **Please report in US Dollars million** |
| **2.1 Basis of annual fee**  Please state your organisation’s total revenue. | |  |
| **2.2 Additional information**  Please state your organisation’s total assets. | |  |
| **For signatory category 3: Other companies** | | **Please report in US Dollars million** |
| **3.1 Basis of annual fee**  Please state your organisation’s total assets. | |  |
| **3.2 Additional information** (if applicable)  Please state your organisation’s total gross premiums written. | |  |
| **3.3 Additional information**  Please state your organisation’s total revenue. | |  |
| Date of calculation (DD/MM/YYYY) |  | |

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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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| **Primary contact for invoicing of annual fees** | | | | | | | | | | |
| 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 | | | |  |
| Additional contacts for PSI communications | | | | | | | | | | |
| 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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| III. Annual fees for 2016 | |
| **Signatory category 1: Risk carriers** | |
| **Total gross premiums written (US Dollars)** | **Annual fee (Swiss Francs)** |
| From 10 billion and above | 18,600 |
| From 1 billion to less than 10 billion | 9,300 |
| From 100 million to less than 1 billion | 3,700 |
| Below 100 million | 2,250 |
| **Signatory category 2: Intermediaries and other insurance service providers** | |
| **Total revenue (US Dollars)** | **Annual fee (Swiss Francs)** |
| From 1 billion and above | 18,600 |
| From 100 million to less than 1 billion | 9,300 |
| From 10 million to less than 100 million | 3,700 |
| Below 10 million | 2,250 |
| **Signatory category 3: Other companies** | |
| **Total assets (US Dollars)** | **Annual fee (Swiss Francs)** |
| From 100 billion and above | 18,600 |
| From 5 billion to less than 100 billion | 9,300 |
| From 1 billion to less than 5 billion | 3,700 |
| Below 1 billion | 2,250 |