PSI signatory company - application form and annual fees

Dear colleague,

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

To become a PSI member, your organization:

1. Will need to sign the [Principles for Sustainable Insurance](https://www.unepfi.org/psi/the-principles/).
2. Will need to complete this Membership Application Form.
3. Will need to submit 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. Section IV of this application form outlines the annual fees.

Note: Please refer to the ‘About the Principles’ section of the [Principles document](https://www.unepfi.org/psi/wp-content/uploads/2012/06/PSI-document.pdf) for more information on these signatory requirements.

1. Will need to send your organisation’s logo and a headshot of your CEO (or the person who signs the letter on behalf of the organisation). This will be used for the official promotion of your organisation on the PSI and UNEP FI websites.
2. Will need to send your organisation’s Certificate of Incorporation

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

**What happens next?**

Upon receipt of the signed documents, the PSI Secretariat will review your application and undertake a risk assessment.

We will then confirm the outcome of your membership application. If successful, you will receive an email followed by an official Welcome Letter confirming your status as a Member and a Welcome Package including:

* UNEP FI’s Work Programme
* Members’ Handbook

Finally, your UNEP FI focal point will arrange a Welcome Call to introduce you more fully to the Initiative and get you started.

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

Sincerely,

UN Environment Programme’s Principles for Sustainable Insurance Initiative

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| I. Organisation information | | | | | | | | | | | | | | | | | | | |
| Company Name | |  | | | | | | | | | | | | | | | | | |
| Company ISIN identifier | |  | | | | | | | | | | | | | | | | | |
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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 | |
| **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 UN Environment’s Principles for Sustainable Insurance Initiative and any expectations you may have as a signatory.** |
| **In which countries does your organisation operate? Please list all.** |
| **Please provide a quote on the PSI from your CEO --- Maximum of 100 words (see examples of PSI quotes from other members on the homepage of the** [**PSI website**](http://www.unepfi.org/psi/)**).** |

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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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|  | Does the company publish an environmental or sustainability report, disclosing information on its environmental/CSR policy & performance?  Yes  No  If yes, please provide relevant web link to latest sustainability/integrated report,  Reporting period:  If no, by when does your company plan to publish this report? |
|  | Is your organization (or parent company) a UN Global Compact participant?  Yes  No  If “YES”, please provide a link to your latest Communication on Progress |
|  | Human rights and gender equality  - Does the entity have publicly available policies regarding efforts to up hold human rights principles of accountability and rule of law, participation and inclusion, and equality and non-discrimination, noting that prohibited grounds of discrimination include race, colour, ethnicity, sex, age, language, disability, sexual orientation, gender identity, religion, political or other opinion, national or social or geographic origin, property, birth or other status including as an indigenous person or as a member of a minority  Yes  No  If yes, please provide a link to your latest policies  If no, do you plan to introduce these policies in the next 18 months? |
|  | Does the entity have publicly available policies aimed at ensuring that it will not discriminate against women and girls?  Yes  No  If yes, please provide a link to your latest policies  If no, do you plan to introduce these policies in the next 18 months? |
|  | Is the entity currently working with any part of UNEP or has it worked with UNEP in the past?  Yes  No  If “YES”, please explain. |

**II. Risk Assessment**

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| III. 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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**V. Annual fees for 2024**

**HL40**

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| **Signatory category 1: Risk carriers** | |
| **Total gross premiums written (US Dollars)** | **Annual fee (Swiss Francs)** |
| From 10 billion and above | 22,181 |
| From 1 billion to less than 10 billion | 11,090 |
| From 100 million to less than 1 billion | 4,370 |
| Below 100 million | 2,663 |
| **Signatory category 2: Intermediaries and other insurance service providers** | |
| **Total revenue (US Dollars)** | **Annual fee (Swiss Francs)** |
| From 1 billion and above | 22,181 |
| From 100 million to less than 1 billion | 11,090 |
| From 10 million to less than 100 million | 4,370 |
| Below 10 million | 2,663 |
| **Signatory category 3: Other companies** | |
| **Total assets (US Dollars)** | **Annual fee (Swiss Francs)** |
| From 100 billion and above | 22,181 |
| From 5 billion to less than 100 billion | 11,090 |
| From 1 billion to less than 5 billion | 4,370 |
| Below 1 billion | 2,663 |