

# Zurich International Group Risk Solutions and/or Business to Business

## Application for insurance

### Completing this form

Please complete this form in English using CAPITAL letters. If the form is incomplete or inaccurate it will result in delays. Coverage will start when we confirm acceptance. Please keep all correspondence related to this application and your policy(ies) documentation, when you receive it, safe and secure.

### Important Notes

If the information provided in this form is different from the information on which the quotation is based, we may need to issue new quotation with revised terms and rates.

If you do not give us complete and accurate information on this application form or for the quotation then this may affect the assessment and acceptance of any cover we offer or continue to offer. If you fail to give us the information we need or the information provided is inaccurate, this could invalidate your policy(ies) or the insurance benefits provided and may lead to a claim not being paid.

### Our contact details

Email: [zigrs.admin@zurich.com](mailto:zigrs.admin@zurich.com)

### Details of the policy

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Policy name

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Accepted quotation reference number

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Requested policy(ies) start date

Policy(ies) anniversary date

Please tick to confirm the product/s you are applying for:

Zurich International Group Risk Solutions

Business to Business

Please tick to confirm the following information is correctly reflected in the quotation this application is based on:

Policy details (page 1 of quotation)

Eligibility criteria (page 2 of quotation)

Benefit structures, including sums insured, coverage type, minimum/maximum entry age etc. (page 3 of quotation onwards)

If any of the above cannot be confirmed, please specify the required changes to the quotation information.

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### Employees not actively at work

Please tick to confirm that as of the requested policy start date, there are no employees absent from work due to accident or illness that have been absent, or are likely to be absent, for a period of 12 weeks or more.

If the above cannot be confirmed, please complete the 'Employees not actively at work' form.

## 1 Policyholder details

Company name

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Place of incorporation

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Date of incorporation

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Incorporation number

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Registered office address

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Trading names

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Mailing address (if different to registered office)

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Nature of company business

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Website address

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Contact person

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Job title

---

Email address

---

Telephone number

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We adhere to strict confidentiality procedures when we communicate with our customers. We will regard the details you provide as your authorized contact details; it is therefore important that they are accurate and that you let us know if any of the details change.

## 2 Associated companies

Do you have a direct or indirect commitment to provide benefits to the employees of an associated company?

Yes  No

If 'yes', please give details below for each associated company.

Company name

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Registered office address

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Relationship<sup>1</sup>

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Company name

---

Registered office address

---

Relationship<sup>1</sup>

---

Company name

---

Registered office address

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Relationship<sup>1</sup>

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<sup>1</sup> Please explain the relationship of the policyholder to these associated companies, for example, parent company, service provider to group of companies, etc.

## 3 Continuation sheet

## 4 Source of funds

Please provide details of the bank account from which premiums will be paid. These details are required under Isle of Man Anti-Money Laundering regulations so we can verify the account the premiums are to be paid from. The policyholder will be invoiced directly.

We expect all premiums to be paid from an account in the name of the policyholder. By exception, Zurich may accept a premium from a third party if it complies with its business acceptance criteria. However, this will result in additional requirements in order to comply with our anti-money laundering requirements. Please discuss your requirements with us prior to completing the application form.

If the premium is being paid by your intermediary/broker, the intermediary/broker must be permitted to do so in the country of their registration, be authorized to hold client money and have valid terms of business with us.

If premiums are received from any other source that has not been accepted by Zurich, then they shall be returned and this may result in the cancellation of cover.

Account holder

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Account number

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Sort code (for UK banks only)

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SWIFT code (if known)

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IBAN

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Bank name

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Bank address

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Country

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Please confirm the origin of the monies which will be used to fund the premiums.

Company operating costs/profits

Other – Please specify below

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Zurich reserves the right to request supporting documentation evidencing the origin of the funds, e.g. a copy of your most recent reports and accounts.

## 5 Authorized signatories

Are signatories able to sign independently? If No, please state the number of signatories required here:

### Authorized signatory 1

Title

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

Current residential address

Date of birth  Place of birth

Nationality (please include all)  Gender

Identification Number

Email

Specimen signature

Date

Please tick if individual is a member of your company's board of directors

### Authorized signatory 2

Title

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

Current residential address

Date of birth  Place of birth

Nationality (please include all)  Gender

Identification Number

Email

Specimen signature

Date

Please tick if individual is a member of your company's board of directors

### Authorized signatory 3

Title \_\_\_\_\_

Family name \_\_\_\_\_

Forename(s) \_\_\_\_\_

Please give details of any previous names or aliases used (including maiden name) \_\_\_\_\_

Current residential address \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Nationality (please include all) \_\_\_\_\_ Gender \_\_\_\_\_

Identification Number \_\_\_\_\_

Email \_\_\_\_\_

Specimen signature

Date \_\_\_\_\_

Please tick if individual is a member of your company's board of directors

## 6 Customer Due Diligence

Zurich International Life Limited requires the following information in order to comply with the regulations set out by the Isle of Man Financial Service Authority.

### Section 6a

Please tick if one of the below conditions apply (only one condition is required to satisfy our requirements). I/We confirm that we, as the Policyholder, are one of the following:

- (i) A person (or nominee of) who acts in the course of external regulated business and is regulated under the law of jurisdiction.   
Click **here** for a list of jurisdictions.

Please complete the following declaration.

I/We confirm that I/we am/are overseen for Anti-Money Laundering (AML) and combatting the financing of terrorism (CFT) compliance by:

Name of professional body or regulator \_\_\_\_\_

Jurisdiction of professional body or regulator \_\_\_\_\_

or

- (ii) A company listed on a recognised stock exchange or a wholly owned subsidiary of such a company.   
**Note:** AIM is not classified a recognised stock exchange.

Name of recognised stock exchange \_\_\_\_\_

If you have not selected one of the above options then please complete **Section 6b** Company Shareholder and **Section 6c** Proof of identity and residential address of authorized signatories. If you have selected one of the above options, please continue to **Section 7**.

## Section 6b Company Shareholder

Please use the box below to provide a list of Company Shareholders that hold more than 25% of the share capital. Alternatively, if there are more legal entities involved in ownership, please provide a separate structure chart showing the ownership trail.

Once this has been confirmed, further requirements may be required to ensure we fully comply with our requirements.

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Please contact us if the applicant is not an incorporated company as different documentation may be required.

## Section 6c Proof of identity and residential address of authorized signatories

- (i) A suitably certified copy of at least two individual signatories' valid passport/ID card/driver's license.
- (ii) Confirmation of at least two individual signatories' residential address, such as a utility bill, alternatively this can be confirmed by an Independent Senior Manager/HR Official using the declaration below.

I confirm that the residential address shown in the authorized signatory section of this form for the authorized signatory(ies) matches the address held in our HR records.

Signature
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Date

Name

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Title

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## 7 Intermediary/Broker details

Please note an application submitted to us by your intermediary/broker can only be accepted if they have a valid terms of business with Zurich.

Company name

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First name

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Surname

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Office address

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Telephone number

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Email address

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Would you like correspondence to go to your intermediary/broker?

Yes  No

If you select 'no', please note all correspondence will be sent to the contact person provided in section 1.

## 8 Data privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (Zurich) as Data Controller under applicable data protection laws. Full details of our data protection policy can be found at [www.zurichinternational.com/im/legal/privacy](http://www.zurichinternational.com/im/legal/privacy).

## 9 Declarations

### Zurich International Group Risk Solutions and Business to Business Declaration

- I/We declare that the information given in this form is true and accurate.
- I/We understand that under no circumstances will Zurich express any view on the tax treatment of any insurance benefit payable to the policyholder or any entitled beneficiary.
- I/We have read the information relating to data protection.
- I/We confirm that all the information passed to Zurich has been obtained in accordance with the data protection laws and where I/we have provided personal information about individuals, all necessary permissions and consents have been received and where necessary the individuals have been informed about the content of the Zurich International Life Limited privacy notice.
- I/We confirm that we have read and accepted the information stated within the Quote and Policy Terms and Conditions provided.

### Business to Business Declaration

- I/We declare that the policyholder has a demonstrable interest in the insurance cover being requested.
- I/We understand that the policy(ies) are offered on a business to business basis. Neither the employees nor any associated companies and their employees are a party to the insurance contract and therefore have no rights under the policy(ies).
- I/We understand that the policy(ies) provides insurance cover to the policyholder. Neither the employees nor any associated companies and their employees are insured under the policy(ies) and therefore have no rights under the insurance contract.
- I/We understand that the policyholder shall be solely responsible for the premium payment corresponding to the insurance cover being provided under the policy(ies) and Zurich cannot accept premium/s from a source other than the policyholder.
- I/We understand that by default all claim payments from Zurich will be paid directly to the policyholder, unless otherwise agreed by Zurich specifically in writing.

Name  
\_\_\_\_\_  
Position  
\_\_\_\_\_  
Company name  
\_\_\_\_\_  
Date

Signature

Name  
\_\_\_\_\_  
Position  
\_\_\_\_\_  
Company name  
\_\_\_\_\_  
Date

Signature



Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 020126C.

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