

Membership application form

Please complete all sections of this form as far as possible and return it to the AMICE Secretariat by e-mail, fax or post.

Data protection: Unless otherwise indicated the data on this form may be included in AMICE's website, either in the public section or in the private section. (* May appear in the public section of AMICE's website; † The data collected in this question will be used as part of collated data only and will not be used on an individual company basis except upon explicit request; ‡ May appear in the private section of AMICE's website; § The data collected in this question will be used for internal purposes only)

Company Information *

Name of the company

Address of the head office:

Street

Post code

City

Country

Phone

Fax

Internet site

E-mail address

Date of Foundation

Legal form Mutual Cooperative Joint stock

Please include a copy of your statutes or other act of incorporation

On behalf of the organisation above, I the undersigned hereby apply for (Full/Associate/Observer)¹ membership of AMICE aisbl and agree to abide by its Articles of Association as well as its Internal Regulations.

Name:.....

Date:.....

Signature:

¹ Please delete as appropriate

Company Information*

Is your company part of a group? Yes No
If yes, See annex 1

Does your company have any subsidiaries? Yes No
If yes, See annex 2

Number of employees:

	Number
Head Office [†]	
Regional/Local staff [†]	
Overseas staff [†]	
Total[‡]	

Distribution channels[†]:

Distribution channel	Yes	% premiums
Direct sales (telephone/internet)		
Intermediaries		
Of which: Agents		
Brokers		
Employees		
Other		

Number of Customers[‡]:

Total number of member-policyholders.....

Total number of policyholders (Members or not)

Total number of insured²

Type of customer[‡]:

Commercial risks Yes No

Personal risks Yes No

² If known. Group contracts should be counted as one policyholder but the total number of insured under a group contract should be indicated in this question.

Geographical Information[‡]

Is your company active at national level? Yes No

Is your company only active at local/regional level? Yes No

If yes, please specify which area:.....
.....

Is your company active internationally? Yes No

If yes, please specify where:
.....

If yes, please specify which form this activity takes:

- Subsidiary
- Branch
- FoS (Freedom of Services)
- Other, please specify:
.....

Insurance Classes[‡]

Please tick the classes which your company underwrites

Life

- Individual life insurance
- Group life insurance
- Unit Linked
- Tontines
- Others (including Capital redemption)

Non-life

Accident / Health

- Accident
- Health

Motor

- Third Party Motor liability
- Own damage/casco

Property

- Private Lines: Fire Other
- Commercial Lines: Fire Other

General liability

Legal Expenses

Marine, Transport

Aviation

Others

- Assistance
- Credit and suretyship
- Miscellaneous financial loss
- Constructors' All Risks

Please indicate for each insurance class which your company underwrites, the gross premium written, the share of the domestic market and the number of policies.

Insurance class		gross premium written [‡]		share of the domestic market [‡]		number of policies [‡]	
		Member	Group	Member	Group	Member	Group
Year	20 <input type="text"/>						
Non life insurance (total):							
	Accident						
	Health						
	Motor						
	General Liability						
	Legal Expenses						
	Property						
	Marine, Aviation, Transport						
	Other						
Life insurance (total):							

Economic Information[‡]

Please give data for the latest financial year available and for the preceding year in national currency.

	Year: 20 <input type="text"/>		Year: 20 <input type="text"/>	
	of which life	of which non-life	of which life	of which non-life
Gross Premium Written				
Domestic				
Foreign				
Total				
Gross technical provisions				
Own funds				
Assets under management				

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‡ Data protection: may appear in the private section of AMICE's website

Contact Information

Chief Executive Officer/Managing Director[‡]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

AMICE's principal contact (coordination point for any general information)[‡]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

Human Resources Manager[§]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

Chief Financial Officer[§]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

Person in charge of Press and Communication^{iv}

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

Marketing manager[§]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

Risk Officer[§]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

Reinsurance Manager[§]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

Head of Underwriting (If more than one, please indicate)[§]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

Head of Claims (If more than one, please indicate)[§]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

Contact person for AMICE's membership fees[§]

Name:		First name:		
Job Title:				
Phone (direct):		Phone (mobile):		
E-mail address:				
Language(s):	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Spanish

AMICE's working groups

All working group are open to all full members. Attendance at each meeting is not compulsory but regular and active participation is of benefit to members and the association alike. All meetings are held in English. You will find a full description of the working groups on the AMICE website [Our activities - About AMICE - AMICE](#).

Please nominate/confirm your representative(s) for the working group below.

Communications working group (Promotion Commission)

Name:	First name:
Job Title:	
Phone (direct):	Mobile:
E-mail address:	

Promoting values working group (Promotion Commission)

Name:	First name:
Job Title:	
Phone (direct):	Mobile:
E-mail address:	

Accounting working group (Advocacy Commission)

Name:	First name:
Job Title:	
Phone (direct):	Mobile:
E-mail address:	

Solvency II working group (Advocacy Commission)

Name:	First name:
Job Title:	
Phone (direct):	Mobile:
E-mail address:	

Regulatory affairs (& Governance) working group (Advocacy Commission)

Name:	First name:
Job Title:	
Phone (direct):	Mobile:
E-mail address:	



Corporate Social Responsibility working group (Assistance Commission)

Name:	First name:
Job Title:	
Phone (direct):	Mobile:
E-mail address:	

Health working group (Assistance Commission)

Name:	First name:
Job Title:	
Phone (direct):	Mobile:
E-mail address:	

Reinsurance working group (Assistance Commission)

Name:	First name:
Job Title:	
Phone (direct):	Mobile:
E-mail address:	

Application form – Annex 1

Information on the group

Name of the group		
Member companies		
Name	Address	Type of company (mutual, cooperative, joint stock?)

Application form– Annex 2

Information on main and/or insurance related subsidiaries

Name	Address	Type of company (cooperative, joint stock?)

^{iv} Data protection: The data collected in this question will be used for internal purposes only