



TRC SERVICE PARTNER QUESTIONNAIRE

Name:

Street:

Postal Code: Town/City:

Country: State:

Telephone: Bank Details:

Fax: IBAN-Acc.No.

E-Mail: BIC/SWIFT

Website: Bank Name

Owned by: % Operating as:

No. of branch offices/subsidiaries: No. employees: Ranking

Main Contact: Position:

Languages: Company founded in year:

Main Activity: Main Lines:

Main Targets: Speciality:

Revenues p.a.: in currency:

Are you licensed? Copy attached?

Have you insured your Professional Indemnity: Limit insured?

Certificate of Insurance Attached? Updated?

By which international Insurers are you licensed as local broker? Please, advise Premium Volume?

What is your TRC status?

Are you already member of any other global broker network? Which?

Reverse Flow Business From this network? Premium Volume?

Client References:



In which countries do your clients have insurance needs?

Agreeable commission sharing:

SP %

TRC %

Agreeable threshold value (TV):

Currency:

Sharing applicable from:

Agreed TRC membership fee:

No. of TRC accounts: Outbound

Inbound

Total revenues produced by/generated with TRC:

Average revenues per account:

Currency:

Form Annual Policy Reporting:

Date Issued:

Completed by:

Please, attach photo of contact person, specimen of local broker of record letter, logo, company brochure and specific market information.