

ANNEX 2

INSURANCELINK APPLICATION FORM

Guidance: Please complete the form below to apply for access to InsuranceLink. All fields requiring a response are denoted in blue.

A: INSURANCELINK APPLICANT CORE INFORMATION

InsuranceLink Applicant Information			
1	Name of Applicant:		
Guidance: The Applicant is the entity applying for access to InsuranceLink. The name provided in this field should be the official or legal name of the Applicant rather than its trading name.			
2	Business address:		
3	Website:		
		Please tick as appropriate	
4	Is the Applicant a legal entity registered in Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4a	If Yes, please provide the relevant business registration number:		
Guidance: If the Applicant is a company, please include the Applicant's company registration number. If the Applicant is a registered business, please include the Applicant's business registration number. If the Applicant is an unregistered business, please include the Applicant's tax reference number. If the Applicant is a partnership, please provide the Applicant's partnership registration number.			
5	Is the Applicant a legal entity registered in another jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide the following information:		
5a	Registered jurisdiction:		
5b	Relevant business registration number:		
Nominated contact person details			
Guidance: We may need to reach out to you for further information when processing your application for access to InsuranceLink. To enable us to do so, please provide the below details for your nominated contact person.			
6	Name of contact person:		
7	Position in the Applicant		
8	Business Telephone (including country code):		
9	Email address:		

B: DATA PROTECTION

Compliance with Data Protection Laws, the DPC's Code of Practice and the InsuranceLink Terms of Access Agreement

	<p>European data protection laws, the Data Protection Commissioner's Code of Practice on Data Protection for the Insurance Sector (the "Code") and the InsuranceLink Terms of Access Agreement require that all users of InsuranceLink comply with their obligations as controllers of personal data. For example, the InsuranceLink Terms of Access Agreement limits use of InsuranceLink to processing activities that are necessary for the "Legitimate Purpose" which is defined as fraud detection and prevention and/or to verify the accuracy of information provided by customers or potential customers at the risk underwriting stage. Clauses 3, 4 and 5 of the InsuranceLink Terms of Access Agreement set out in further detail the respective obligations of the users of InsuranceLink and Insurance Ireland, acting as independent controllers, as regards their processing of personal data in the course of their use of InsuranceLink.</p>		
		Please tick as appropriate	
1	Please confirm that, if granted access to InsuranceLink, the Applicant will (i) comply with the data protection laws governing it as an independent controller; (ii) comply with the Code referred to above; and (iii) without limiting the foregoing, only process InsuranceLink data for the Legitimate Purpose as provided for under the InsuranceLink Terms of Access Agreement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Please confirm that, if granted access to InsuranceLink, the Applicant will consent to its usage of InsuranceLink being audited by an independent third party auditor as provided for under Clause 3.12 of the InsuranceLink Terms of Access Agreement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Sharing of claims data

Guidance: Applicants acting under a delegated authority (see further below) do not need to complete this section.

	<p>The <i>Principle of Reciprocity</i> is at the centre of InsuranceLink operations. It is a condition of the InsuranceLink Terms of Access Agreement (Clauses 3.5 and 3.7) that all InsuranceLink Users agree to upload details of all claims that they receive, thus ensuring that InsuranceLink is updated on a regular basis to optimise the effectiveness of the system. In return for uploading claims data in accordance with the Terms of Access, InsuranceLink Users can search and view claims data uploaded by other InsuranceLink Users for the Legitimate Purpose.</p>		
		Please tick as appropriate	
3	Please confirm that, if granted access to InsuranceLink, the Applicant will adhere to the principle of reciprocity as set out in the InsuranceLink Criteria for Access.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Please confirm if the Applicant will be supplying details of all the Applicant's own claims, if granted access to InsuranceLink per Clause 3.7 of the InsuranceLink Terms of Access Agreement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

InsuranceLink Applicants acting under a delegated authority

Guidance: Applicants acting under a delegated authority should complete this section.

	<p>An insurer may provide a delegated authority to a third party to act on behalf of the insurer on terms and conditions agreed between the insurer and the third party. For example, a third party may be given delegated authority by an insurer to underwrite a policy and thereby accept risks on behalf of the insurer (which will be binding on the insurer) or a third party may be given delegated authority by an insurer to undertake the management and settlement of claims on behalf of the insurer. This section applies to Applicants acting under a delegated authority and</p>		
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	seeks information on such Applicants' compliance with data protection laws, the Code and the InsuranceLink Terms of Access Agreement.		
5	Please confirm whether the InsuranceLink Applicant is acting under a delegated authority from an insurer.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	If yes, please provide an InsuranceLink Confirmation Letter in the form attached in Appendix 1 in respect of each insurer which has provided a delegated authority to the Applicant		

C: REGULATORY INFORMATION

Regulatory status			
1	Jurisdiction:		
2	Regulatory body:		
3	Relevant regulatory registration number:		
4	If the Applicant does not currently have a relevant regulatory registration number, is the Applicant currently in the process of applying for authorisation from a competent authority in the EEA/UK/Gibraltar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide the following information:			
4a	Jurisdiction:		
4b	Regulatory body:		

D: CONFIRMATION

Guidance: The below confirmation must be completed by an individual with legal authority to sign on behalf of the Applicant.			
	By signing below, I confirm that: <ul style="list-style-type: none">• The Applicant wishes to apply for access to InsuranceLink• I have authority to apply for access to InsuranceLink on behalf of the Applicant• The information provided by me on this form is true and accurate• I consent on behalf of the Applicant to the information provided by me on this form being processed by Insurance Ireland and/or its agents for the purposes of evaluating this application for access to InsuranceLink		
1	Signed:		
2	Date:		
3	Name of signatory (BLOCK CAPITALS):		
4	Title:		

E: DOCUMENTS REQUIRED

Guidance: If the Applicant is acting under a delegated authority please provide an InsuranceLink Confirmation Letter in the form attached in Appendix 1 in respect of each insurer which has provided a delegated authority to the Applicant.

[ON INSURER'S HEADED NOTEPAPER]

[Insert date]

InsuranceLink Application Officer
5 Harbourmaster Place
International Financial Services Centre
Dublin, D01 E7E8

Re: InsuranceLink Confirmation Letter in respect of [insert name of applicant]

This letter is provided by [insert name of insurer] in relation to the application for access to InsuranceLink of [insert name of Applicant]. On behalf of [insert name of insurer], we confirm:

- [insert name of insurer] has provided a delegated authority to [insert name of Applicant] to [underwrite policies and accept risks on behalf of [insert name of insurer]] [and] [manage and settle claims on behalf of [insert name of insurer].] [insurer to amend as appropriate]
- [insert name of insurer] [is an InsuranceLink User and has agreed to input its claims data to InsuranceLink under the InsuranceLink Terms of Access Agreement]/[will become an InsuranceLink User and undertakes to input its claims data to InsuranceLink under the InsuranceLink Terms of Access Agreement]/[has agreed to delegate the function of inputting claims data to InsuranceLink under the InsuranceLink Terms of Access Agreement to [insert name of Applicant]] or [name of third party to whom the insurer has delegated claims handling and which itself is an InsuranceLink User] [insurer to amend as appropriate]
- [[insert name of Applicant] will be an independent data controller of all personal data processed by [insert name of Applicant] in the course of its use of InsuranceLink]/[insert name of insurer] and [insert name of Applicant] will be joint controllers (per Article 26 of the General Data Protection Regulation (“GDPR”)) in respect of all personal data processed by [insert name of Applicant] in the course of its use of InsuranceLink]/[[insert name of Applicant] will be a data processor acting on the instructions of the [insert name of insurer] (as data controller) in respect of all personal data processed by [insert name of Applicant] in the course of its use of InsuranceLink] [insurer to amend as appropriate]

For and on behalf of [insert name of insurer]:

Signed.....

Full Name.....

Title.....

Date.....