**Notification of liability insurance**

**– for natural or legal persons authorised for insurance distribution**

This notification contains information about natural or legal persons covered by a liability insurance policy for insurance distribution.

This form must be filled in by **the insurance company** and emailed to Finansinspektionen at **ansvarsforsakringar@fi.se**.

An insurance intermediary employed by a legal person does not need to be reported to Finansinspektionen.

**Natural person insured by liability insurance**

Name:

Personal ID number:

**Legal person insured by liability insurance**

Name:

CIN:

**Scope of the insurance policy**

Life insurance distribution  Non-life insurance distribution

and

The insurance policy complies with all requirements set out in Chapter 4 of the Insurance Distribution Ordinance (2018:1231) and Chapter 7 of Finansinspektionen’s regulations (2018:1231) regarding insurance distribution.

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**Validity of the insurance policy**

Date:

or

The insurance policy is valid as of the date it is registered with the Swedish Companies Registration Office.

**Insurer**

Name of the insurance company

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CIN of the insurance company

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Insurance number

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| --- |
|  |

Name of contact person

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Telephone number of contact person

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Email of contact person

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Insurance Distribution Act (2018:1219). Insurance Distribution Ordinance (2018:1231). Finansinspektionen’s regulations (2018:10) regarding insurance distribution.

**Policyholder – natural or legal person**

State the name and personal ID number if the policyholder is a natural person or the name and CIN if the policyholder is a legal person.

**Scope**

Specify the activity covered by the liability insurance. Don’t forget to specify if the policy covers multiple activities.

**Validity of the insurance policy**

Either write the date as YYYY-MM-DD or check the box if the insurance policy will enter into force on the date the policyholder is registered with the Swedish Companies Registration Office as an insurance intermediary.

**Insurer**

State the name and CIN of the insurance company that issued the liability insurance. Provide the name, telephone number and email address of a contact person at the insurance company.