

“ANNEX A”

Name of Insurance Broker/ Reinsurance Broker/ Both Insurance and Reinsurance Broker
As of December 31, 20__

LIST OF DOCUMENTS TO BE SUBMITTED BY INSURANCE AND/OR REINSURANCE BROKER

PARTICULARS		SOFT COPY (in USB)	
		PDF	EXCEL
_____ 1.	Attestation Certificate (Annex B)	X	
_____ 2.	Audited Financial Statements, signed and stamped “Received” by the Bureau of Internal Revenue (BIR) and the Securities and Exchange Commission (SEC)	X	
_____ 3.	Working Balance Sheet (downloadable form – Form C), signed by authorized representative	X	X
_____ 4.	Statement of Business Operations (SBO) as of December 31, 20__, signed by the chief accountant and certified by the external auditor	X	X
_____ 5.	Latest General Information Sheet filed with the SEC	X	
_____ 6.	Errors and Omissions Policies	X	
_____ 7.	Certification of IC Accredited Auditor – Individual/Firm and Signing Partner.	X	
_____ 8.	Certificate of Authority/License	X	
_____ 9.	BIR Form 1702RT stamped “Received” by the BIR	X	

PARTICULARS

Detailed Schedules and Supporting Documents of the following accounts:

		SOFT COPY (in USB)	
		PDF	EXCEL
_____ 10.	Clients' Money on Hand and in Banks (Form C1)		
	i. Certification/s from Fund Custodian/s as of December 31, 20__	X	
	ii. Bank reconciliation statements using the adjusted balance method as of December 31, 20__ and January 31, 20__	X	X
	a. Provide subsequent clearing/deposit of significant reconciling items (i.e. Deposits in Transit, Outstanding checks, etc.)		
	iii. Bank statements and passbooks for all bank accounts for the month ended December 20__ and January 20__	X	
_____ 11.	Cash and Cash Equivalents (Form C2)		
	i. Certification/s from Fund Custodian/s as of December 31, 20__	X	
	ii. Bank reconciliation schedules using the adjusted balance method as of December 31, 20__ and January 31, 20__	X	X
	a. Provide subsequent clearing/deposit of significant reconciling items (i.e. Deposits in Transit, Outstanding checks, etc.)		
	iii. Bank statements and passbooks for all bank accounts for the month ended December 20__ and January 20__	X	
	iv. Cash Equivalents		
	a. Detailed Schedule (i.e. type of instrument/s, start and maturity dates, rates, tenor, and balances as of December 31, 20__)	X	X
	b. Certificate of Time Deposits, proof of roll-over (such as official receipts, bank validated deposit slips, passbook/bank statement) and proof of proceeds of maturity/pre-termination, whichever is applicable	X	

PARTICULARS

- _____ 12. **Premium and Commissions Receivable/ Premiums Payable**
- i. Detailed schedule with the following information:
 - Name of Insurance Company
 - Name of Assured
 - Policy Number
 - Inception Date
 - Premium Balances
 - a. Beginning balances
 - b. Premiums for the year
 - c. Premiums collected
 - d. Premiums collected not yet remitted (Payables)
 - e. Direct remittances, if any
 - f. Cancelled Policies
 - g. Aging of receivable and payable (within and over 90 days)
 - h. Allowance for impairment

Note: Totals should tie up with the (1) total production per SBO (2) receivable/payable per AFS; any differences should be reconciled

 - Commission, VAT on Commission
 - Net Due to (Premiums Payable)
 - Date Collected
 - Date Remitted
 - Proof of Collection (i.e. Official Receipt/ Acknowledgement Receipt/ email)
 - ii. Proof of collection and remittances of within 90 and over 90 days due such as official/acknowledgement receipts, bank validated deposit slips, passbook/bank statements

SOFT COPY (in USB)	
PDF	EXCEL
X	X
X	

PARTICULARS		SOFT COPY (in USB)	
		PDF	EXCEL
_____ 13.	Financial Instruments (Form C4)		
	i. Detailed schedule as of December 31, 20__ (i.e. instrument type, serial/stock certificate number, number of shares, cost, market value, amount recognized in P&L/ OCI, etc.)	X	X
	ii. Certification from custodian/s (e.g. PDTC, BTr-ROSS, Asset Management, etc.) as of December 31, 20__	X	
_____ 14.	Accounts/Notes/Loans Receivable (Form C5)		
	i. Amortization schedule/s (term/s, rate, date/s, amortization, payments, balance)	X	X
	ii. Supporting documents (i.e. board resolution, loan/note certificate, etc.)	X	
	iii. Proof of collection such as official receipts, bank validated deposit slips, passbook/bank statements and other applicable documents	X	
_____ 15.	Investment Property and other Property/ies owned		
	i. Lapsing schedule with details to each property not limited to: name/location, cost, market value, latest appraisal information, movements (sale/purchase) and amount of reserve/s, if any.	X	X
	ii. Supporting documents for additions/ sale (e.g. TCTs/CCTs, Conditional or Absolute Deed of Sale/Deed of Assignment, etc.	X	
	iii. Latest Appraisal Report by an Accredited Appraiser, if any.	X	
_____ 16.	Property and Equipment		
	i. Lapsing schedule with details not limited to: type of property/equipment, cost, acquisition date, depreciation/amortization, book value as of December 31, 20__		X
	ii. Supporting documents for the additions/disposals during the year.	X	
_____ 17.	Other Assets (Form C6)		
	i. Schedule for significant assets other than enumerated above.		X

PARTICULARS

		SOFT COPY (in USB)	
		PDF	EXCEL
_____ 18.	Accounts/Notes/Loans Payable		
	i. Amortization schedule/s (term/s, rate, date/s, amortization, payments, balance)		X
	ii. Supporting documents (i.e. board resolution, loan/note certificate, etc.)	X	
_____ 19.	Other Liabilities		
	i. Schedule of significant other liabilities not enumerated above (e.g. Due from related parties, retirement obligation, etc.)		X
	ii. Documents to support advances to/from officers and stockholders. (such as terms of payment, collaterals and Board Resolution)	X	
	iii. Proof of payment such as official receipts and other documents to support advances	X	
_____ 20.	Stockholders' Equity		
	i. Supporting documents to support movement in the equity, such as but not limited to:		
	• Board Resolution/s for the appropriation of Retained Earnings, Dividend declaration, changes in the composition of the BOD,	X	
	• Amendment/Changes in the Articles of Incorporation and/or By-laws		

Submitted by:

Signature over Printed Name and Designation of Responsible Officer

Received by: _____

Date Received: _____