

CHECKLIST FOR DOMESTIC CLIENT FILES

ALL CLASS INSURANCE BROKERS P/L

RETAIL CLIENT CHECKLIST

DATE:

CLIENT:

CLIENT CODE:

YOUR NAME:

ARE YOU AUTHORISED TO PROVIDE THIS FINANCIAL SERVICE? YES NO

	Yes	No	If not, why not?	N/A	Date
Client given a copy of our Financial Services Guide					
Client informed of their duty of disclosure					
Needs of client considered					
Alternative quotes obtained					
General advice provided					
Warning advice was general given					
Personal advice provided					
SoA given					
Personal advice provided and no SoA - client advised what we earn & any conflicts of interest					
DOFI Assessment/Declarations (if cover to be placed with DOFI)					
Product Disclosure Statement provided					
Cover required					
Cover placed					
Cover note issued					
Expiry date of cover note noted in diary system					
Written confirmation of transaction provided to client including: <ul style="list-style-type: none"> • Identity of the Insurer, Intermediary & Insured 					

	Yes	No	If not, why not?	N/A	Date
<ul style="list-style-type: none"> • Effective date • Description of the transaction • Premium and all charges in respect of the transaction 					
Invoice sent to client					
Invoice paid					
Proposal Form sent to client					
Completed proposal form received					
Details on proposal form checked					
Completed proposal form sent to Insurer					
Closing sent to insurer					
Insurers Policy or Certificate received					
Policy or Certificate checked					

FOLLOW UP ACTION

	Date	Comment	Date	Comment	Date	Comment
Instruction from client to place cover						
Cover note						
Payment from client						
Completed proposal form						
DOFI Declaration signed by client (if cover placed with DOFI)						
Policy document or Certificate						