

Insurance Anti-Money Laundering (AML) Compliance Checklist

Customer Identification Program (CIP)

Ensuring proper identification and verification of insurance customers.

Customer Name	
Write something	
	<i></i>
Customer Type (Individual/Business)	
☐ Individual	
Business	
Residential/Business Address	
Write something	
Date of Birth (for Individuals)	
Enter a number	

Enter a number	
Proof of Identity (e.g., Passport, Driver's Licens Upload File	e)
Proof of Address (e.g., Utility Bill, Bank Statement Upload File	ent)
ransaction Monitoring	
	ty and patterns.
viewing insurance transactions for suspicious activi	ty and patterns.
viewing insurance transactions for suspicious activi	ty and patterns.
Transaction Amount	ty and patterns.
Transaction Amount Enter a number	ty and patterns.
Transaction Amount Enter a number	ty and patterns.
Transaction Amount Enter a number Transaction Date Enter date	ty and patterns.
Transaction Amount Enter a number Transaction Date Enter date	ty and patterns.
Transaction Date Enter date Transaction Type	ty and patterns.

Description of Transaction
Write something
Payment Method
Wire Transfer
Check
Credit/Debit Card
☐ Electronic Funds Transfer (EFT)
Policy Number
Enter a number
Flags for Review (Select all that apply)
Large Sum
Unusual Recipient
Frequent Transfers
New Account
Parationa Correction
Sanctions Screening
erifying customers and transactions against sanctioned party lists.
Customer Name
Write something

Customer Address
Write something
Beneficiary Name (if applicable)
Write something
Sanctions List Used (e.g., OFAC, EU, UN)
OFAC
EU
UN
Other - Specify
Matching Entities Found (check all that apply)
☐ No Matches
Partial Match - Investigate
Exact Match - Block Transaction
Sanctions Screening Date
Enter date
Investigator Initials
Write something

Politically Exposed Persons (PEP) Screening

Identifying and assessing risks associated with Politically Exposed Persons.

PEP Status
■ Not PEP
Potential PEP
Confirmed PEP
Name of PEP (if applicable)
Write something
Relationship to Customer (if applicable)
Write something
Date PEP Status Determined
Enter date
Enter date
Geographic Risk Level (Country of Association)
Low
Medium
High
Position/Title of PEP (if applicable)
Write something

Enhanced Due Diligence (EDD) Notes	
Write something	
EDD Approval Status	
Pending	
☐ Approved	
Rejected	
Dogard Kooning	
Record Keeping	
Maintaining accurate and complete records of AML compliance efforts.	
Record Creation Date	
Enter date	
Summary of Transaction Details	
Write something	
Write Something	
Supporting Documentation (e.g., ID verification, transaction records)	
♣ Upload File	
Transaction Amount	
Enter a number	

Record Type
New Customer
Existing Customer
Suspicious Activity Report
Record Identifier/Tracking Number
Write something
Employee Training Providing comprehensive AML training to relevant employees.
Training Completion Date
Enter date
Training Module Completed
CIP Fundamentals
☐ Transaction Monitoring
Sanctions Screening
Reporting Procedures
Quiz Score (%)
Enter a number

Employee Comments / Feedback
Write something
Training Format
Online Module
Classroom Training
☐ Webinar
Proof of Completion (Certificate/Record) ① Upload File
Reporting Suspicious Activity Establishing procedures for reporting suspicious activity to relevant authorities.
Detailed Description of Suspicious Activity
Write something
Estimated Value of Transaction(s)
Enter a number

Suspected Crime Type Money Laundering Fraud Terrorist Financing Other
Relevant Parties Involved Policyholder Agent Third Party Beneficiary
Date of Suspicious Activity Enter date
Time of Activity
Reporting Channel Internal Compliance Team Law Enforcement Agency FinCEN

Risk Assessment

Conducting regular AML risk assessments to identify vulnerabilities and implement appropriate controls.

Estimated Transaction Volume (Annual)	
Enter a number	
Primary AML Risk Factor(s)	
Complex Ownership Structures	
High-Value Transactions	
Geographic Location (High-Risk Country)	
Product Complexity	
Customer Type (e.g., Businesses)	
Description of Current AML Risk Mitigation Strategies	
Write something	
Date of Last Risk Assessment	
Enter date	
Risk Level (Overall)	
Low	
Medium	
High	
Supporting Documentation (Risk Assessment Report)	
□ Upload File □ U	

Policy and Procedures Review

Periodically reviewing and updating AML policies and procedures to reflect changes in regulations and industry best practices.

Last Review Date	
Enter date	
Summary of Changes Made	
Write something	
Review Frequency	
Annually	
Bi-Annually	
As Needed	
Version Number	
Enter a number	
Supporting Documentation	
♣ Upload File	
Reviewer Name	
Write something	

Independent Testing

Conducting independent testing of AML controls to ensure effectiveness.

Date of Independent Test Enter date	
Type of Test Performed Process Review System Audit Data Analysis Compliance Walkthrough	
Number of Transactions Reviewed Enter a number	
Summary of Testing Methodology Write something	
Areas Tested CIP Transaction Monitoring Sanctions Screening Reporting	

Write something	
Recommendations for Remediation	
Write something	
ester Signature	