

#### Insurance Regulatory Compliance Checklist

#### **Licensing & Appointments**

Verification of agent/broker licenses and appointments, ensuring compliance with jurisdictional requirements.

Agent/Broker License Number	
Enter a number	
License Expiration Date	
Enter date	
License Status	
Active	
Inactive	
Pending	
Suspended	
Revoked	
Agency Annointment Status	
Agency Appointment Status  Active	
Pending	
☐ Inactive	

Appointment Start Date	
Enter date	
Appointment Expiration Date	
Enter date	
Notes/Comments Regarding Licensing & A	Appointments
Write something	
	cv forms with relevant regulatory bodies.
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onfirmation of proper filing and approval of poli	cy forms with relevant regulatory bodies.
nfirmation of proper filing and approval of poli  Original Filing Date  Enter date	cy forms with relevant regulatory bodies.
Original Filing Date  Enter date  Regulatory Body  State Department of Insurance	cy forms with relevant regulatory bodies.
Original Filing Date  Enter date  Regulatory Body	cy forms with relevant regulatory bodies.
Original Filing Date  Enter date  Regulatory Body  State Department of Insurance  NAIC	cy forms with relevant regulatory bodies.

s Disclaimers	Clearly Displayed?
Yes	
∐ No	
□ N/A	
Summary of P	otential Advertising Violations Discovered
Write something	]
sessment of da	cy & Security ta handling practices regarding consumer information, aligning with GDPR, CCPA).
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Compliance Fi NIST Cyberse ISO 27001 Other (Specify	ta handling practices regarding consumer information, aligning with GDPR, CCPA).  Tamework Used (e.g., NIST, ISO 27001)  Courity Framework  Time in Long Text)  Data Encryption Methods Used

Enter a number	
Types of Personal Data Processed (Select all that apply)	
☐ Name ☐ Address	
Financial Information	
Health Information	
Other (Specify in Long Text)	
Date of Last Privacy Impact Assessment (PIA)	
Enter date	
Summary of Data Subject Access Request (DSAR) Handling Procedur	es
Summary of Data Subject Access Request (DSAR) Handling Procedur Write something	es
	es
	es
Write something	es
Write something  Data Retention Policy Adherence	es
Write something	es

## **Financial Reporting**

Validation of financial reporting procedures and adherence to reporting deadlines.

Enter date	
Total Premium Revenue	
Enter a number	
Total Claims Paid	
Enter a number	
Net Income/Loss	
Enter a number	
Audited Financial Statements  Upload File	
Audited Financial Statements  Upload File  Reporting Standard Used (e.g., GAAP, IFRS)  GAAP	
Audited Financial Statements  Upload File  Reporting Standard Used (e.g., GAAP, IFRS)	
Audited Financial Statements  L Upload File  Reporting Standard Used (e.g., GAAP, IFRS)  GAAP  IFRS  Other (Specify)	
Audited Financial Statements  Upload File  Reporting Standard Used (e.g., GAAP, IFRS)  GAAP  IFRS	

## **Claims Handling Practices**

Examination of claims handling processes for fairness, timeliness, and regulatory compliance.

Claim Received Date	
Enter date	
Initial Claim Description & Circumstances	
Write something	
Claim Soverity Level	
Claim Severity Level	
☐ Medium	
High	
Estimated Claim Amount	
Estimated Claim Amount	
Enter a number	
Applicable Coverage Types	
Property Damage	
Liability	
Medical Expenses	
Business Interruption	

Enter date	
Summary of In	vestigation Findings
Write something	
Claim Status	
Open	
Pending Revie	W
Denied	
nti-Mone rification of AML  Risk Assessme Low Medium	y Laundering (AML) program effectiveness and adherence to related regulations. ent Category (Low, Medium, High)
nti-Mone rification of AML Risk Assessme	program effectiveness and adherence to related regulations.
nti-Mone rification of AML  Risk Assessme Low Medium High	program effectiveness and adherence to related regulations.

Date of Last AML Program Review  Enter date	
AML Training Modules Completed (Select All That Apply)  Customer Identification Program (CIP)	
Transaction Monitoring Suspicious Activity Reporting	
Summary of Key Findings from Last AML Audit  Write something	
Independent Testing of AML Program Performed?	
☐ Yes ☐ No	
Upload Proof of AML Program Certification	

# **Consumer Disclosure Requirements**

Confirmation that all required disclosures are provided to consumers in a clear and understandable format.

Policy Summary Disclosure Provided?  Yes  No  Not Applicable
Summary of Key Policy Terms (e.g., Coverage Limits, Deductibles)  Write something
Cancellation Policy Disclosed?  Yes  No  Not Applicable
Date of Disclosure to Consumer  Enter date
Explanation of any Complex Policy Clauses  Write something
Rate Explanation Provided?  Yes  No  No  Not Applicable

## **Record Keeping & Documentation**

Assessment of record retention policies and procedures to ensure compliance with legal and regulatory requirements.

Enter date		
Number of Physical File	Retained	
Enter a number		
_ocation of Physical Re	ords (if applicable)	
Write something		
Summary of Record Ret	ention Policy	
Write something		
Record Storage Method		
Physical Digital		
Hybrid		
	n Schedule (if availabl	

# **Continuing Education**

Verification of completion of required continuing education courses for agents and brokers.

Enter a number	
CE Course Completion Date	
Enter date	
CE Course Provider	
Provider A	
Provider B Provider C	
T Tovider C	
CE Course Topic Area	
Ethics	
Legal Updates  Product Knowledge	
Froduct Knowledge	
Proof of Completion Certificate	
♣ Upload File	
CE Cradite Farnad	
CE Credits Earned	