

Data entry aid for annual reporting

Reporting obligation for registered insurance intermediaries

28. April 2025

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1 General information and purpose of the survey

As set out in Article 190b ISO, FINMA collects the key figures required for supervision and information on the activities of registered insurance intermediaries on an annual basis. The data entry aid explains the most important items of the survey and aims to answer the main questions regarding the collection of key figures and information to be reported.

In the case of individuals in an employment relationship, the survey is conducted via the sole trader, partnership or legal entity in whose name they offer or conclude insurance contracts.

The survey relates to the financial year from 1 January to 31 December. The key figures and information to be reported relate to the reporting date of 31 December.

The submission of key figures and information takes place via the survey and application platform (EHP) by 31 May at the latest. For this purpose, FINMA sends a survey form to the insurance intermediaries in mid-December of the previous year.

Questions in connection with the reporting obligation that cannot be answered with the help of this entry aid should be sent to the following email address: vermittler.aufsicht@finma.ch.

2 Platforms or electronic media

The survey items must be completed in order to supplement and complete the information in the public register of insurance intermediaries.

3 Key figures and information

3.1 Headcount

Insurance intermediaries are persons who carry out an insurance intermediation activity in accordance with Article 40 ISA and are in an employment relationship.

The number of employed insurance intermediaries and the number of other employed persons must be stated as a headcount and not in full-time equivalents.

Figures must be stated as at 31 December.

3.2 Number of policies

The following definitions apply to the survey for each customer category:

- **Retail customers:** Retail customers include all individuals who are not companies.
- **Business customers:** Business customers include legal entities, partnerships and sole traders that do not fall into the category of professional customers.
- **Professional policyholders:** Professional policyholders are policyholders pursuant to Article 98a para. 2 ICA.

Number of new policies intermediated: New policies intermediated include all policies that were newly concluded in the respective financial year. Also included are extended policies for which active intermediary activity took place, e.g. for renewal transactions in the daily sickness benefits business.

Number of existing policies: Policies that are extended are counted as "existing policies". It does not matter whether the contracts are extended tacitly without the customer's involvement or actively by the customer. The same applies to adjustments to an existing policy, such as an extension of cover or a change to the excess.

Branches of insurance: Life insurance, non-life insurance and

reinsurance: The branches must be broken down in accordance with ISO Annex 1. Please note the special category “Supplementary health insurance”: Supplementary health insurance for private customers and daily sickness benefits insurance for business customers.

3.3 Number of customers

The number of customers should be reported for each customer category (retail customers, business customers and professional policyholders) and insurance branch. Multiple mentions of customers are possible.

3.4 Intermediary activity channels

Policies intermediated via platforms or other electronic media: If information about one or more insurance policies is provided online, e.g. via websites or apps, based on personalised criteria and suggested to the policyholder and this leads to a policy being concluded, either directly or indirectly via the platform, then these policies count as policies intermediated via platforms or electronic media.

Policies intermediated with direct customer contact: Policies intermediated with direct customer contact are policies where the insurance intermediary provides advice on site, by telephone, via chat or by video call.

Policies intermediated via other channels of cooperation: All policies concluded by sub-intermediaries are counted as policies brokered via other channels. The name of the cooperation partner must be entered in each case and, if a commercial register entry is available, the UID of the cooperation partner must be provided.

3.5 Remuneration

In principle, all remuneration relating to insurance intermediary activities in the respective financial year should be reported. The actual payout date is irrelevant.

Amounts in foreign currencies: All amounts must be stated in CHF. The entries must be rounded to whole CHF. The items in the survey are not splitted by currency. Currencies other than CHF must be converted using the exchange rates specified in the survey.

Closing commission: This is the remuneration paid by the insurance company (or in the context of sub-intermediaries from another intermediary) to the insurance intermediary for concluding an insurance contract. It is a one-off performance-related payment based, for example, on a percentage

of the agreed contract value. This amount should be reported on a gross and a net basis, i.e. before and after any transfer to the customer.

Fees: This is the remuneration that the insurance intermediary receives directly from the customer for the advice given. This remuneration is normally paid according to the actual work done, e.g. based on the intermediary's hourly rate but may also be a fixed payment.

Portfolio commission: This is the remuneration paid by the insurance company to the insurance intermediary for the ongoing management of an insurance contract or portfolio.

Rebates or other pecuniary benefits: This relates to remuneration not covered by the above categories.

4 Up-to-dateness and correctness of the register entry

The annual survey on the up-to-dateness and correctness of master data serves to improve data quality and maintain communication with the supervised parties. Please note that you are still obliged to notify us immediately of any changes to the facts on which the registration is based. The EHP provides you with numerous forms for this purpose.

5 Confirmation

The completeness and correctness of the information provided in the survey must be confirmed by checking the box.

6 Frequently asked questions

Reporting raises questions depending on the type of insurance intermediaries, the size of the company and the organisation. FINMA will answer the most frequently asked questions in these FAQs.

Question: Does the survey also cover BVG, KVG and UVG business?

Answer: No, these insurance segments are not subject to the Insurance Supervision Act (ISA) and do not have to report to FINMA.

Question: We do not know the number of existing policies (item 3.2.2 of the survey form) and the insurance companies do not disclose any figures. How can we provide correct information?

Answer: The information must be filled in to the best of your knowledge and belief. Assumptions may also be made.

Question: We work exclusively on a fee basis and therefore receive no compensation from insurance companies. How can we provide correct information?

Answer: The insurance companies for which you have provided intermediation services should be listed. You can then quote the corresponding fees for the insurance companies. Example: You have referred a client to XY insurance company and received an advisory fee of CHF 10,000 from the client. In the list of insurance companies, XY insurance company should be selected and CHF 10,000 entered in the "Fee" field.

Question: The insurance sectors do not correspond to the categorisation customary in the industry, e.g. in the case of daily sickness benefits (KTG). How do we categorise the insurance sectors?

Answer: Please adhere to the categorisation used in the survey. KTG must be stated in the "Supplementary health insurance" line for business customers in the survey form in accordance with the info point.

Question: What is the distinction between "existing policies" and "new policies intermediated", particularly in the area of corporate business, e.g. KTG?

Answer: If contracts are renewed tacitly without you taking any action, this is considered an "existing policy". However, if you have provided an advisory service for a renewal transaction (e.g. renewal or restructuring), please count this under "new policies intermediated".

Question: We are sub-intermediaries and do not receive any direct compensation from the insurance companies. How should compensation be reported?

Answer: Regardless of the sub-intermediary structure, the insurance company for which you have brokered the transactions should be specified. You then only have to declare the compensation that you have received (and not the compensation that intermediaries have received through you).

Question Not all insurance companies are listed in item 3.5 "Compensation" of the survey form.

Answer: All insurance companies authorised by FINMA should be included in the list. However, if you cannot find it, you can enter free text by selecting "Other insurance company".