



October 26, 2015

Insurance Industry Stakeholders

Re: Harmonized Annual Statement on Market Conduct

Dear (Stakeholder CEO/President):

Please find enclosed an initial draft of a proposed harmonized annual statement on market conduct (“Annual Statement”). The Annual Statement has been developed by CCIR to provide regulators with basic information needed to proactively monitor market conduct practices and to align oversight activities with international supervisory standards, particularly as they relate to the fair treatment of consumers. The harmonized form will reduce duplication and eliminate the need for insurers to provide similar and often identical information to multiple regulatory authorities.

The Annual Statement is considered to be a key aspect of the increased information sharing and collaborative approach to supervision that has been adopted by CCIR members. The data proposed to be collected is intended to measure outcomes that are outlined in the Insurance Core Principles (ICP) of the International Association of Insurance Supervisors (IAIS). The information collected in the Annual Statement will assist CCIR members in being better informed about insurer activities and practices in the market place as well as in identifying potential areas for review and developing cooperative supervisory plans.

CCIR would appreciate input from industry stakeholders on this initial draft as we proceed with the development of an information request that is suitable for all provinces and territories. In particular, industry input is being sought on the following:

- The availability of proposed information to be reported by insurers;
- The method of collection – separate excel based request or incorporation into standardized regulatory filings;
- The appropriateness of integrating all market conduct information (including consumer complaints) in one form; and

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- Consistency of the terminology contained in the proposed Annual Statement with that of the industry.

It should be noted that, as it is intended for national usage, the proposed Annual Statement includes information that CCIR members intend to obtain. In addition, CCIR members expect that insurers are currently collecting the information requested in the proposed Annual Statement.

Industry consultation is a valuable part of our process to develop a harmonized information request. As such, CCIR would appreciate it if you could provide comments and input to Martin Boyle, CCIR Policy Manager, at martin.boyle@fSCO.gov.on.ca by Friday, November 27. If you believe that a conference call to discuss particular items is necessary, please include a request together with your written comments.

Regards,



Patrick Déry
Chair
Canadian Council of Insurance Regulators

1. General Instructions

1. The data provided must cover the calendar year ended in 2015 (General)

- a) All amounts reported should be in thousands of dollars (\$000s).
- b) Some fields will only accept a numeric response.
- c) The information requested is required to establish trends and evaluate the means implemented by the industry regarding fair treatment of consumers.
- d) You must provide a response to all questions. If the response options do not apply or relate to your company, please select "Other" and provide details in the appropriate space

f) In the chart, use a different line each time the response in the first column may be divided. **See the example: (The name in the first column should not be repeated).**

Name of client	Type of products	Activities being outsourced by you
ABC inc.	Short term disability insurance	Claims management
	Long term disability insurance	Complaints management
	Health spending account	
DEF inc.	Dental care benefit	Premium management
		Complaints management
		Other, specify in the appropriate cell below
GHI inc.	Short term disability insurance	Claims management
	Dental care benefit	

g) At the end of each section, a general comments section has been provided for any additional comments you may wish to provide.

2. General Information and Governance (2)

- a) Select the box for each jurisdiction you hold a license. For each jurisdiction selected, please enter your license type and classes of insurance.
- b) Employees means any regular salaried employee, including executives and representatives.
- c) The actions performed with employees for fair treatment of consumers relate to activity affecting governance, code of ethics, conflicts of interest, incentives management, disclosure to customers, claims, complaints and the protection of personal information.

3. Product changes (4, 5 and 6)

- a) List all the products you have sold during the last fiscal year, even if there were no changes in the products.
- b) In the business line column, please indicate the main guarantee only.

4. Premiums and Claims by Distribution Channel (7 and 7.1)

- a) Broker includes general agent and master general agent.
- b) For mutual benefit association, enter "member agent" in "Other" and specify in the space below.

5. List of distribution channels (8)

- a) For each distribution channel, indicate the classes of insurance. Then, list your 10 largest distributors (determined by amount of direct written premium). Do not repeat the distribution channel and the classes of insurance on each line.

6. Sales and incentives management (9)

a) Sales team means brokers, agents, exempt sellers and without a representative (Quebec only).

b) Management team means, for example, directors, supervisors, etc.

c) List variable remuneration (eg cash prizes, training, bonus) and the methods used to calculate it.

7. Claims Examination and Complaints (11)

a) Active court cases means all the cases open at the beginning of the year plus the cases opened during the year, regardless of what moment they were closed. Please enter only the court cases involving a dispute between the insurer and an insured.

2. General Information and Governance

1. Which provincial jurisdictions are you licensed in?

Province		Licensed	Classes of insurance Please enter all your classes of insurance.										
<input type="checkbox"/>	Newfoundland & Labrador												
<input type="checkbox"/>	Prince Edward Island												
<input type="checkbox"/>	Nova Scotia												
<input type="checkbox"/>	New Brunswick												
<input type="checkbox"/>	Quebec												
<input type="checkbox"/>	Ontario												
<input type="checkbox"/>	Manitoba												
<input type="checkbox"/>	Saskatchewan												
<input type="checkbox"/>	Alberta												
<input type="checkbox"/>	British Columbia												
<input type="checkbox"/>	Yukon												
<input type="checkbox"/>	Northwest Territories												
<input type="checkbox"/>	Nunavut												
<input type="checkbox"/>	Out of Canada												

If "Other", please provide details.

2. General Information and Governance

2

2. In the past year, have you filed an application with another regulator in Canada to add a class of insurance?

Province	Licensed	Classes of insurance Please enter all your new classes of insurance.										
<input type="checkbox"/>	Newfoundland & Labrador											
<input type="checkbox"/>	Prince Edward Island											
<input type="checkbox"/>	Nova Scotia											
<input type="checkbox"/>	New Brunswick											
<input type="checkbox"/>	Quebec											
<input type="checkbox"/>	Ontario											
<input type="checkbox"/>	Manitoba											
<input type="checkbox"/>	Saskatchewan											
<input type="checkbox"/>	Alberta											
<input type="checkbox"/>	British Columbia											
<input type="checkbox"/>	Yukon											
<input type="checkbox"/>	Northwest Territories											
<input type="checkbox"/>	Nunavut											

2. General Information and Governance

If "Other", please provide details.

2. General Information and Governance

3. Name of the senior officer in charge of ensuring the development, implementation and enforcement of fair treatment of customers related operational policies and practices at December 31:

a) Name of the senior officer:	
b) Position:	
c) Address:	
d) Telephone number:	
e) Email address:	

4. Total number of employees at December 31:		
--	--	--

5. Have you adopted a code regarding the fair treatment of consumers?		
---	--	--

If yes, please complete questions below:

a) What year did you adopt the code?	
b) Has your board endorsed this code?	
c) Is the code published on your website?	
d) Have you communicated this code to all of your staff?	
e) Have you implemented operational policies and practices to embed this code into your corporate culture?	

6. Nature and frequency of actions performed with employees for fair treatment of consumers:

a) Training	<input type="text"/>	hrs
b) Written communications	<input type="text"/>	times
c) Oral communications	<input type="text"/>	times
d) Other: specify in the space below	<input type="text"/>	times

7. During the past year, have you been subjected to any regulatory action by a regulator outside of Canada?		
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If yes, please provide details (which regulator, product concerned, outcome, etc.):

--

2. General Information and Governance

4

8. Did you have to manage situations involving a conflict of interest?

If yes, how many?

a) Board and senior management

b) Employees

Please provide details:

9. How many internal audits, reviews or assessments of your business conduct controls have been made over the past year?

a) How many have focused on the fair treatment of consumers?

b) Have all deficiencies and potential deficiencies in the controls identified during these audits, reviews and assessments been corrected?

10. General comments:

5

3. Design and Marketing of Products

Other type of survey:			
Other type of subject:			
6. General comments:			
6			

3. Design and Marketing of Products

Other type of survey:			
Other type of subject:			
6. General comments:			
6			

4. Product - Individual

1. Product

	Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

4. Product - Individual

1. Product

Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
20					

4. Product - Individual

1. Product

	Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						

4. Product - Individual

1. Product

Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
40					

4. Product - Individual

1. Product

	Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

If "Other", please provide details.

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5. Product - Group

1. Product

	Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

5. Product - Group

1. Product

Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
20					

5. Product - Group

1. Product

	Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						

5. Product - Group

1. Product

Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
40					

5. Product - Group

1. Product

Product name	Business lines	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

If "Other", please provide details.

6. Product - Segregated Funds

1. Product

Product name	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

6. Product - Segregated Funds

1. Product

Product name	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
15				

6. Product - Segregated Funds

1. Product

Product name	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				

6. Product - Segregated Funds

1. Product

Product name	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
30				

6. Product - Segregated Funds

1. Product

Product name	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				

6. Product - Segregated Funds

1. Product

Product name	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
45				
15				

6. Product - Segregated Funds

1. Product

Product name	Changes in the offer or in the product	Date of change (YYYY/MM/DD)	Type of change, if applicable	Comments or any additional information you wish to provide
46				
47				
48				
49				
50				

If "Other", please provide details.

7. Premiums and Claims by Distribution Channel - P&C

(\$000)

1. Premium and claims by distribution channel - Consolidated

Class of Insurance	Gross Premiums Earned						Claims Incurred					
	Agency or Direct	Brokers	Without a Repr. (Quebec) or Exempt Sellers	Restricted Agent (AB, SK, MB)	Other, please specify	Total	Agency or Direct	Brokers	Without a Repr. (Quebec) or Exempt Sellers	Restricted Agent (AB, SK, MB)	Other, please specify	Total
Property												
1 Personal excluding Home and Product Warranty						0						0
2 Home Warranty						0						0
3 Product Warranty						0						0
4 Subtotal - Personal	0	0	0	0	0	0	0	0	0	0	0	0
5 Commercial						0						0
6 Property - Total	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft						0						0
Automobile												
Private Passenger												
9 Liability	1					1						0
10 Personal Accident	1					1						0
11 Other	1					1						0
12 Subtotal - Private Passenger	3	0	0	0	0	3	0	0	0	0	0	0
Other than Private Passenger												
13 Liability	1					1						0
14 Personal Accident	1					1						0
15 Other	1					1						0
16 Subtotal - Other than Private Passenger	3	0	0	0	0	3	0	0	0	0	0	0
Facility Assoc. Residual Market												
17 Liability	1					1						0
18 Personal Accident	1					1						0
19 Other	1					1						0
20 Subtotal - Facility Assoc. Residual Market	3	0	0	0	0	3	0	0	0	0	0	0
Automobile - Subtotal												
21 Liability	3	0	0	0		3	0	0	0	0		0
22 Personal Accident	3	0	0	0		3	0	0	0	0		0
23 Other	3	0	0	0		3	0	0	0	0		0
24 Automobile - Total	9	0	0	0	0	9	0	0	0	0	0	0
Boiler and Machinery												
26 Excluding Equipment Warranty						0						0
27 Equipment Warranty						0						0
28 Boiler and Machinery - Total	0	0	0	0	0	0	0	0	0	0	0	0
17												
29 Credit						0						0

7. Premiums and Claims by Distribution Channel - P&C

(\$000)

1. Premium and claims by distribution channel - Consolidated

Class of Insurance	Gross Premiums Earned						Claims Incurred					
	Agency or Direct	Brokers	Without a Repr. (Quebec) or Exempt Sellers	Restricted Agent (AB, SK, MB)	Other, please specify	Total	Agency or Direct	Brokers	Without a Repr. (Quebec) or Exempt Sellers	Restricted Agent (AB, SK, MB)	Other, please specify	Total
30 Credit Protection						0						0
31 Fidelity						0						0
32 Hail						0						0
33 Legal Expense						0						0
Liability												
34 Comprehensive General Liability (with products)						0						0
35 Comprehensive General Liability (without products)						0						0
36 Cyber Liability						0						0
37 Directors and Officers Liability						0						0
38 Excess Liability						0						0
39 Professional Liability						0						0
40 Umbrella Liability						0						0
41 Pollution Liability						0						0
42 All other						0						0
43 Liability - Total	0	0	0	0	0	0	0	0	0	0	0	0
44 Mortgage						0						0
45 Other Approved Products						0						0
Surety												
46 Contract Surety						0						0
47 All Other Surety						0						0
48 Surety - Total	0	0	0	0	0	0	0	0	0	0	0	0
49 Title						0						0
50 Marine						0						0
51 Accident and Sickness						0						0
TOTAL	9	0	0	0	0	9	0	0	0	0	0	0

If "Other", please provide details.

2. General comments:

7.1. Premiums and Claims by Distribution Channel - LIFE

(\$000)

1. Premium and claims by distribution channel *Consolidated*

Line of Business	Gross Premiums						Policyholder/Certificateholder Benefits					
	Agency or Direct	Brokers	Without a Repr. (Quebec) or Exempt Sellers	Restricted Agent (AB, SK, MB)	Other, please specify	Total	Agency or Direct	Brokers	Without a Repr. (Quebec) or Exempt Sellers	Restricted Agent (AB, SK, MB)	Other, please specify	Total
Non-Participating												
Life												
1 Individual						0						0
2 Group						0						0
3 Subtotal - Life	0	0	0	0	0	0	0	0	0	0	0	0
Annuity												
4 Individual						0						0
5 Group						0						0
6 Subtotal - Annuity	0	0	0	0	0	0	0	0	0	0	0	0
Accident & Sickness												
7 Individual						0						0
8 Group						0						0
9 Subtotal - Accident & Sickness	0	0	0	0	0	0	0	0	0	0	0	0
10 Non-Participating - Total	0	0	0	0	0	0	0	0	0	0	0	0
11 Participating						0						0
12 Property & Casualty						0						0
13 Deposit taking						0						0
14 Other						0						0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

If "Other", please provide details.

2. General comments:

8. List of Distribution Channels

20

21

22

23

24

25

8. List of Distribution Channels

2. Other type of advantage:

3. General comments:

9. Sales and Incentives Management

1. Do you ensure that your remuneration or evaluation is not in conflict with the customer's interest:

a) Regarding the sales staff (broker, agency or direct, restricted agent, without a representative)?		
b) Regarding the claims personnel?		

2. Excluding personnel whose remuneration is fully variable, the variable proportion of the remuneration of staff in relation to customer can reach :

a) Not applicable <input type="checkbox"/>	
b) Less than 10% of base salary <input type="checkbox"/>	
c) 10% to 29% of base salary <input type="checkbox"/>	
d) 30% to 60% of base salary <input type="checkbox"/>	
e) 61% to 99% of base salary <input type="checkbox"/>	
f) 100% and more of base salary <input type="checkbox"/>	

3. List of compensation methods other than fixed commission and base salary (Please, check all that apply to you):

a) Sales team:	b) Management team:	Type of variable remuneration:
<input type="checkbox"/>	<input type="checkbox"/>	Cash prizes or other gifts
<input type="checkbox"/>	<input type="checkbox"/>	Training (eg convention)
<input type="checkbox"/>	<input type="checkbox"/>	Training in other country (eg convention)
<input type="checkbox"/>	<input type="checkbox"/>	Money loan
<input type="checkbox"/>	<input type="checkbox"/>	Profit sharing
<input type="checkbox"/>	<input type="checkbox"/>	Bonus
<input type="checkbox"/>	<input type="checkbox"/>	Other, please specify in the space below:

4. Other type of variable remuneration (Please, check all that apply to you):

a) Sales team:	b) Management team:	Bases of variable remuneration:
<input type="checkbox"/>	<input type="checkbox"/>	Sales volume
<input type="checkbox"/>	<input type="checkbox"/>	Sales of designated products
<input type="checkbox"/>	<input type="checkbox"/>	New sales
<input type="checkbox"/>	<input type="checkbox"/>	Renewal
<input type="checkbox"/>	<input type="checkbox"/>	Retention
<input type="checkbox"/>	<input type="checkbox"/>	Transfer of volume
<input type="checkbox"/>	<input type="checkbox"/>	Contingency
<input type="checkbox"/>	<input type="checkbox"/>	Benefit-ratio gap
<input type="checkbox"/>	<input type="checkbox"/>	Claims ratio
<input type="checkbox"/>	<input type="checkbox"/>	Sales contests on designated products
<input type="checkbox"/>	<input type="checkbox"/>	Sales contests on sales volumes
<input type="checkbox"/>	<input type="checkbox"/>	Customer satisfaction or recommendation
<input type="checkbox"/>	<input type="checkbox"/>	Other, please specify in this space below:

5. Other specific comments on incentives:

9. Sales and Incentives Management

9. Sales and Incentives Management

6. List of Administrative Services Only (ASO) Plans administrated (LIFE ONLY): (Please, write the name of client and use a different line for each distribution method and activities outsourced. Do not repeat the name of the client on each line).

Name of client	Type of products	Activities being outsourced by you	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

7. Other types of products:

8. Other activities outsourced:

9. Sales and Incentives Management

9. Sales of product:

Classes of insurance	Numbers of applications	Number of applications automatically accepted	Number of applications accepted further to selection	Number of quotes declined
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

10. Please, check the 3 main reasons for application refusals and add the proportion (%):

Proportion for the 3 main reasons			
	Life	P & C	
<input type="checkbox"/> Pre-existing conditions	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Age	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Genetic profile	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Smoking	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Claims history	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Medical conditions, sickness	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Property features	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Type of automobile (features, age, etc)	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Geographic location, excluding mapping	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Mapping (concentration)	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Credit score	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Guarantee asked not offered	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Risk value too high	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Sale of products, customer service before or during the purchase	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Other, please specify in the case below.	<input type="text"/>	<input type="text"/>	

11. Other main reasons for refusals

9. Sales and Incentives Management

12. General comments:

10. Advertising

1. Number of advertising campaigns:		
2. Types of media used (Please, check all that apply to you):		
<input type="checkbox"/>	Newspapers	
<input type="checkbox"/>	Magazines	
<input type="checkbox"/>	Email	
<input type="checkbox"/>	Letters	
<input type="checkbox"/>	Television	
<input type="checkbox"/>	Radio	
<input type="checkbox"/>	Internet	
<input type="checkbox"/>	Advertising signs	
<input type="checkbox"/>	Other, please specify in the case below.	
3. Other media used:		
4. General comments:		
25		

11. Claims Examination and Complaints

1. Claims

Classes of insurance	Total number of claims presented	Amount paid in benefits	Number of claims denied	Original amount claimed relating to denied claims	Number of active court cases
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

2. Please, check the 3 main reasons for claims denial and add the proportion (%)

Proportion for the 3 main reasons

	Life	P & C	
<input type="checkbox"/> Exclusions and limitations	<input type="text"/>	<input type="text"/>	Detailed description of reasons for denial and other information.
<input type="checkbox"/> Cancellation	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Delay	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Not covered, except for exclusions and limitations	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Fraud	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Misrepresentation or concealment of material facts	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Other, please specify in the case below.	<input type="text"/>	<input type="text"/>	

3. Other main reasons for claims denial:

11. Claims Examination and Complaints

26

4. Complaints:

Classes of insurance	Number of complaints received	Number of complaints OmbudService was involved in (including AMF - Quebec only)	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
5. Internal OmbudService?		If yes, please specify:	
6. External OmbudService?		If yes, please specify:	
7. Please, check the 3 main reasons for complaints and add the proportion (%)			
Proportion for the 3 main reasons			

11. Claims Examination and Complaints

	Life	P & C	
<input type="checkbox"/> Exclusions and limitations	<input type="checkbox"/>	<input type="checkbox"/>	<div style="font-size: 8px; line-height: 1.2;"> This area is reserved for additional information or comments related to the claims examination and complaints. </div>
<input type="checkbox"/> Cancellation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Delay	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Not covered, except for exclusions and limitations	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interpretation of policy	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Claim denied	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Customer service after the purchase	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Features of products	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sale of products, customer service before or during the purchase	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other, please specify in the space below.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Other main reasons for complaints			
9. General comments:			
27			

12. Protection of Personal Information

28

4. Request for access to personal information :

Class of insurance	Number of requests for access to personal information received	Number of requests for personal information refused, including partial refusals*	Number of requests for rectifications to personal information	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

* Disregard refusals based on Professional secrecy or privilege

5. General comments:

29