**ANNEXURE 5**

**ANNEXURE TO CIRCULAR NO. IC & RE 09/2014**

**Sources of business**

**INSURER--------------------------------------------------- As at 31st August 2014**

*All amounts in Kenya Kshs.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Source of Business** | **Number** | **Gross Premium Written** | **Premium Collected (Current year business)** | **Premium Collected (Previous year business)** |
| 1. | Direct clients |  |  |  |  |
| 2. | Agents |  |  |  |  |
| 3 | Brokers |  |  |  |  |
| 4 | Medical Insurance Providers |  |  |  |  |
| 5 | Total Inward reinsurance business |  |  |  |  |
|  | **Total Gross Premium Written as at 31st August 2014** |  |  |  |  |

|  |
| --- |
| **Top five Intermediaries and Direct Clients** |
| **Direct Clients** |
| **No.** | **Name** | **Gross Premium Written** | **Premium Collected** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  | **Total Gross Premium Written as at 31st August 2014** |  |  |
| **Agents** |
| **No.** | **Name** |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  | **Total Gross Premium Written as at 31st August 2014** |  |  |
|  |

|  |  |
| --- | --- |
| **Brokers** |  |
| **No.** | **Name** |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  | **Total Gross Premium Written as at 31st August 2014** |  |
| **Medical Insurance Providers** |  |
| No. | **Name** |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  | **Total Gross Premium Written as at 31st August 2014** |  |

**Date………………… Principal Officer……………**