



The Insurance Institute of
Uganda

CODE OF CONDUCT AND ETHICS

For
THE INSURANCE INDUSTRY

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PART 1 - PRELIMINARY

ARTICLE 1

DEFINITIONS

In this Code, unless the context otherwise requires;

“Act” means the Insurance Act (Cap 213) as amended

“Client” means a person who may reasonably be expected to rely on a Member’s advice or actions in relation to insurance;

“Code” means the Code of Conduct

“HMOs” means Health Management Organizations

“Member” means a body corporate or individual Member of the Institute

“Institute or IIU” means The Insurance Institute of Uganda

“insurer” includes reinsurer;

“Insurance Professional” includes all Insurance Professionals under the insurance Act and Members of the IIU

“Person” includes an individual, a corporation, partnership, society, association or other organization or legal entity

“Regulator” means the Insurance Regulatory Authority

ARTICLE 2

APPLICATION

This Code shall apply to all licensed insurance players under the Insurance Act (Cap 213) as amended all eligible Members as per the Institutes Memorandum and Articles of Association.

ARTICLE 3

INTERPRETATION

The Code is divided into a number of subsections, each of which addresses a specific principle. Each Principle is defined and then further clarified with a stated requirement. To provide Members with additional guidance, each subsection also includes guidelines taken from past experiences and disciplinary decisions made over the years.

The Code provides a framework for a licensed player to measure its or his/her conduct in particular circumstances. The Code gives general guidance as it is not possible to foresee every possible situation and describe the proper conduct.

The Code should be read and interpreted in the context of a Member's area of insurance practice although Part IV provides abridged codes for the different professional groups in the industry.

For clarity the Code refers to Members by the first person "you".

The Code is written in plain language to be clear and concise and should be read in conjunction with governing legislation and Regulations.

ARTICLE 4

INTRODUCTION

The strength of the insurance industry is based on industry members providing advice and services to the public in a competent and professional manner. The underlying principle of all insurance business is utmost good faith. To command the confidence and respect of the public, the insurance industry must maintain a reputation for integrity, competence and good faith.

The Institute is entrusted with the mandate for maintaining the highest standards of professional conduct and ethical standards in the insurance industry as enshrined in its memorandum of association.

ARTICLE 5

KEY PROVISIONS

1. The Code is a self-regulation tool of the Institute and its members based on norms of business ethics.
2. In keeping with this mandate, the purpose of the Code is to define and communicate standards of conduct for use by its various categories of its Membership in their practice of the business of insurance.
3. The Code sets out minimum standards of conduct. The extent to which each Member rises above these standards is a personal decision. However, by striving to maintain the highest possible standards of ethical conduct, a Member will enjoy the respect and confidence of the public and other members of the industry.
4. The Code stipulates a compilation of rules for corporate behavior, good faith, impartial relationship to all stakeholders, business partners and provides mechanisms for transparency to make decisions, determine professional and ethical responsibilities of Members, information openness and development of ethics.
5. The Code aims at making the insurance industry more attractive for investors, partners and clients and protecting rights of customers of any insurance product.
6. It is the responsibility of all IIU members, their managers and employees conducting business in the insurance market of Uganda to comply with the Code. All Members have a responsibility to act as gatekeepers for the industry by discouraging misconduct and reporting breach where identified.

PART II –

GENERAL ETHICAL PRINCIPLES

The principles below shall set the standard for the behavior of all IIU Members and shall be shall form a basis for all business relations. All Members must demonstrate these common values.

ARTICLE 6

HONESTY, INTEGRITY AND TRUSTWORTHINESS

6.1. PRINCIPLE

All Members must meet rigorous standards of personal integrity and professional competence. These characteristics are the true essence of insurance. Failure to adhere to these values reflects not only such Member, but also on the entire profession.

6.3 REQUIREMENT

Trustworthiness means exhibiting the following behavior:

- Acting with integrity
- Being honest
- Keeping promises
- Being consistent
- Being reliable
- Being credible
- Have a good reputation
- Disclose all material information

6.4 GUIDELINES

- a. All Members must be trustworthy in conducting all professional activities with integrity and honesty.
- b. You shall be reliable, dependable and respectful to stakeholders.
- c. Not taking unfair advantage of a client, a colleague or a third party;
- d. You shall commit to providing excellent services to all stakeholders
- e. You shall not knowingly offer or accept gifts, hospitality or services which could, or are intended to corrupt their judgment and reasonableness
- f. Insurance professionals must not engage in misrepresentation of facts, fraud and/or deceit will not be tolerated.
- g. The principle of trustworthiness extends beyond insurance business activities. Members' conduct in other areas must reflect on trustworthiness. Members shall not engage in activities that bring the profession in disrepute such as but not limited to;
 - i. dishonestly dealing with money or property;

- ii. improper use of position or knowledge as a Insurance Professional for personal benefit;
 - iii. intentionally misleading clients, and the general public through false statements or by withholding material information;
 - iv. Knowingly prejudicing the interests of a client for personal gain; and conduct in the nature of theft or fraud.
- h. You shall commit to fight against money laundering and unlawful activities in insurance industry.
 - i. You will refuse to collaborate with natural persons and legal entities of doubtful reputation.
 - j. You shall not knowingly take advantage of a client's or insured's inexperience, ill health or ignorance.
 - k. Members shall abide by the requirement to full and fair disclosure of all material facts to enable clients to make informed decisions regarding their insurance. Members should disclose any information relevant to the client's insurance needs that a reasonable and prudent insurance professional would disclose in the same circumstances.
 - l. You shall not misrepresent or fail to disclose material information where required except confidential information which is not to be legally disclosed.
 - j. You must not use sales materials or illustrations that are misleading or unnecessarily confusing.
 - k. You shall ensure fulfillment of terms and conditions of the insurance contract and not to search for reasons to revise terms and conditions of the signed contract to the detriment of the client.

ARTICLE 7

FAIRNESS AND RESPECT.

7.1. PRINCIPLE

Insurance professionals are usually in a position of strength vis-à-vis policyholders who are usually quite ignorant about how the insurance industry operates; n such an environment, it would be simple for abuse to occur.

All people must be treated fairly regardless of:

- Age;
- Disability;

- Gender reassignment;
- Pregnancy and maternity;
- Marriage and civil partnership;
- Race;
- Religion and belief;
- Sex; and
- Sexual orientation.
- Political affiliation

7.2 REQUIREMENT

Fairness and Respect includes demonstrating the following behavior;

- Being considerate and courteous
- Dealing peacefully with anger, disagreements, and/or insults
- Being open-minded and listening to others
- Being equitable and impartial

7.3 GUIDELINES

- a. Policyholders must be treated with respect and fairness at all times.
- b. You shall not irrationally refuse to honor claims.
- c. You shall not ignore customers' rights and unlawfully or unethically abuse them.
- d. You shall provide all the details of insurance policies to clients in advance of the actual signing of the policies. For example, it is not acceptable to bury important details about limitations or reductions in claim payouts in the "fine print" of insurance policies.
- e. You shall cooperate in eradicating unfair business practice in the +insurance market, detect unfair players, and publicly disseminate information on violators of provisions of the Code.
- f. A client's ethnic or cultural background, tradition, language group, religious affiliation, skin color, age, marital status and gender shall not affect an insurance transaction unless it can be statistically shown that such a factor affects an underwriting risk.
- g. You shall avoid provision of low-quality products and services to customers that will be evaluated as an action to the detriment of the the insurance industry.
- h. You shall promptly consider customer complaints - Members shall respond promptly to clients' and other stakeholders complaints

against insurance products and services in a fair and just manner. All complaints will be handled with promptness and courtesy. Policyholder will be advised of his/her options when he/she is not satisfied with the response to his/her complaint.

- i. All decisions shall be based on a clear understanding of client needs, priorities, concerns and circumstances;
- j. Members shall provide prompt and efficient customer service to policyholders and other stakeholders. The need for rapid and efficient servicing is most apparent when a legitimate claim is received. Only in genuine cases of fraud, deception or negligence on the part of the policyholder should this requirement go unfulfilled.
- k. You shall treat each person as an individual with dignity and courtesy.
- l. You shall challenge and report any unlawful or other unfair discriminatory behavior and practice in the industry.
- m. Members undertake to always act openly and fairly and treating employers, employees, colleagues, clients, potential clients and suppliers with equal respect and opportunity.
- n. You shall make reasonable adjustments to assist people with disabilities or particular needs you may deal with at work;
- o. Corporate Members shall encourage their organizations to develop and promote an equality and diversity policy setting out how the business plans to promote equality, diversity and inclusion, prevent discrimination which might happen.

ARTICLE 8

PROTECTING CLIENT'S BEST INTERESTS

8.1 PRINCIPLE

Under the Code, a client includes anyone who might reasonably be expected, in the circumstances, to rely on Members professional advice or actions in relation to his or her insurance. All Members are required to put the best interests of the client as a first concern, as befits the role of a fiduciary. The institute underscores the need to the interests of each client above everything else.

8.2 REQUIREMENT

Members will seek to earn and maintain their customers' best interests at all times and shall;

- a. Maintain confidentiality protecting clients' interests and privacy;
- b. exercise due care and diligence
- c. act with the utmost good faith and objectivity
- d. avoid conflict of interest
- e. Upholding professional standards in all dealings and relationships
- f. provide excellent customer service

8.3. GUIDELINES

8.3.1 Confidentiality

Members must hold in strict confidence all information acquired in the course of the professional relationship concerning the personal and business affairs of a client, and must not divulge or use such information other than for the purpose of that transaction or of a similar subsequent transaction unless expressly authorized by the client or as required by law.

8.3.2 Due care and diligence.

Insurance industry professionals shall exercise great attention to servicing customers. This will include but not limited to;

- a. Taking great care in dealing with clients.
- b. Minimize errors.
- c. Must take the trouble to clearly identify the needs of their customers.
- d. Must provide understandable and complete disclosure of information needed for decision-making by policyholders.
- e. Must inform policyholders about their rights and obligations in the event that a dispute occurs.

8.3.3. Good faith and objectivity

- a. You shall carry on the business of insurance in good faith with a sincere intention on acting in a manner which is consistent with the client's expectations, remaining faithful to the duties and obligations of an insurance practitioner.
- b. In particular, policyholders shall receive impartial, objective advice that takes account of the policyholder's personal situation and offers the best insurance coverage at the best value.

8.3.4. Avoiding conflict of interest

- a. You shall avoid any conflict between their personal interests and that of clients as well as competing interests of one or more clients.
- b. You must not provide or accept money, gifts, entertainment, favorable loans or any other benefit or preferential treatment to anyone with whom they deal in the course of their insurance business unless the client has given written approval. Exceptions can be permitted for occasional gifts or benefits that are part of accepted business practice, are transparently reported and are not likely to lead to a situation in which the rights of policyholders or other interested parties are compromised compared to what they ordinarily would be.
- c. Clients must be advised of how their rights may be affected by the “conflict of interest” situation arises immediately.
- d. Where there is an irreconcilable conflict of interest arises, you shall decline to act in the transaction unless expressly permitted by the Regulator.

8.3.5 Customer Service Excellence

For insurer professionals, delivering outstanding, remarkable service is vital to the success of the industry. Providing excellent customer service involves not just meeting but also exceeding customers’ expectations. This can be accomplished by providing a unique customer experience and tailoring service to the consumer’s needs and building rapport with customers

Customer service excellence includes, but is not limited to:

- Communicating with each client in a way that is accurate and straight forward and expressed in a way that the individual client can understand.
- Being transparent about fees and other costs.
- Applying new technology-based approaches to speed up the response time to customers
- Making sure reasonable steps are taken to ensure all advice is accurate and suitable for the individual client.
- Utilizing innovation and creativity in the customer service process.
- Obtaining and providing clear information before, during and after the point of sale.
- Ensuring that adequate and correct records are kept.

- Acting only within your ability and authorization and seeking help where necessary;
- Ensuring those who work for you have appropriate training and supervision and contributing to their learning and development to strengthen their insurance knowledge so they can provide accurate information and more efficient service
- Must have a clear written complaints procedure in place.
- Instituting regularly ask customers for feedback mechanism to meet the changing demands of customers and meet expectations.
- Having a dedicated customer services team to attend to customer queries, complaints and demands in a rapid response time.
- Leveraging on advanced technologies to offer flexible and convenient services e.g. payment options on mobile platforms or the internet.

ARTICLE 9

PROFESSIONAL COMPETENCE

9.1 PRINCIPLE

Clients rely on the knowledge and advice of insurance professionals. Professional competence is an essential requirement of the practice of the business of insurance. Incompetent conduct can result in significant prejudice to clients and stakeholders.

9.2 REQUIREMENT

Members must conduct all insurance activities in a competent manner. Competent conduct is characterized by;

- The application of knowledge and skill in a manner consistent with the usual practice of the business of insurance in the circumstances.
- Meeting the technical and professional standards relating to level of qualification, role and position of responsibility;
- Completing insurance duties with due skill, care and diligence.
- All insurance professionals must be able to demonstrate that they have taken proactive steps to maintain their professional knowledge at all levels.

9.3 GUIDELINES

9.3.2 Members must practice and offer level of service to clients that is consistent with that which a reasonable and prudent professional in similar circumstances would exercise. Honest mistakes do not necessarily constitute a failure to adhere to the Code.

9.3.2 Conduct that would reflect on incompetence includes:

- a. failing to properly place insurance coverage as instructed;
- b. failing to provide evidence of insurance coverage when required;
- c. failing to advise a client of a lapse or change in insurance coverage;
- d. failing to conduct an adequate fact finding and assessment of a client's insurance needs;
- e. failing to properly handle and account for money or property;
- f. failing to maintain proper and adequate books and records of insurance transactions and related financial affairs;
- g. failing to provide for the safekeeping and confidentiality of records;
- h. failing to advise an insurer/principal of a risk or claim;
- i. failing to properly document communications and instructions from a client to ensure mutual understanding and provide a record of the transaction; and
- j. practicing in an area where you lack sufficient expertise, training or experience.

9.3.3 Members are responsible to the Institute for all activities of their employees and must ensure that employees are properly supervised and operate in accordance with the conditions and restrictions on their licenses. Improper practice by supervised employees may bring a supervisor's competence into question if the conduct occurred due to inadequate supervision, including lack of policies, procedures and training.

9.3.4. All Members must comply with the continuing professional development (CPD) requirements of the Institute.

ARTICLE 10

COMPLIANCE WITH GOVERNING LEGISLATION AND REGULATORY REQUIREMENTS

10.1 PRINCIPLE

All insurance industry professionals must clearly understand their rights and obligations under insurance legislation, other relevant laws (e.g. Company Law), and other regulatory requirements. In terms of professional practice, as a licensed insurance professional, all Members are under the direct regulation of IRA and must act in full compliance with all regulatory requirements. Seeking ways to avoid the impact of their application, for instance, is an indicator of an insurance professional not intent on complying with the spirit of the law or regulations.

10.2 REQUIREMENT

Members must be aware of and comply with their duties and obligations under, the Insurance Act, and regulations thereto and this Code. Members are required to be aware of and adhere to all other legislation which impacts insurance practice.

Violation of the regulatory or legal requirements administered by the Regulator not only contravenes the Code, it can also subject the Member to prescribed disciplinary action under the Act.

10.3 GUIDELINES

Compliance with this principle includes, but is not limited to:

- Complying with the spirit and intent of all applicable laws, rules and regulations.
- Ensure that all dealing with the regulators is in an open, transparent and co-operative manner and meets all set requirements.
- Promoting ethical behaviors among peers as part of the initiative to reinforce compliance;
- Ensuring regulators and the IIU are treated courteously and not in a vexatious or frivolous manner and that all queries are dealt with promptly;
- Encouraging all insurers (Individuals and Corporate bodies) to

regularly subscribe to the Institute's membership to enjoy full benefits;

- Ensuring that your organization is suitably regulated and has an effective compliance mechanism in place.
- Ensuring, where required, you are individually authorized or regulated.
- Ensuring that all regulatory queries and directives are adhered to in a timely manner.
- Members are required to read, understand and remain current on the applicable regulatory requirements that apply under the Act and Regulations. This information is readily available from both IRA and IIU websites or may be obtained from the Institute or IRA.

PART III

ARTICLE 11

RELATIONS WITH THE INSURANCE

INSTITUTE OF UGANDA

Members receive various benefits as IIU members, but they also have responsibilities to the IIU and its other members.

They should:

11.1. Act at all times according to the laws of the IIU (including this Code of Ethics and Conduct);

11.2. Ensure a transparent relationship with the IIU, based on its key values framework of integrity, trustworthiness, respect and reliability;

11.3. Have pride in their status as an IIU member and in any of the IIU accredited qualifications they hold;

11.4. Ensure they do not make improper use of information or disclose, or allow to be disclosed, information confidential to the IIU;

11.5. Aim to seek opportunities to support the work of the IIU and to promote

its values to others, especially industry bodies, employers and prospective members;

11.6. Aim to seek opportunities to support local IIU activities;

11.7. Demonstrate to others the value of professional qualifications and continuing professional development;

11.8. Treat other IIU officers, other IIU members and IIU employees with the same respect they would wish to be given;

11.9. Ensure that their membership of the IIU is not publicised in any way, that might suggest that they hold a professional qualification which they are not entitled to;

11.10. Ensure that they knowingly engage in any conduct that brings the IIU or the insurance profession into disrepute.

11.11. Report cases of indiscipline against any members who are not following rules of this Code.

11.12. Aim to ensure the expected standard of technical competence is maintained and that they remain informed of current developments (to ensure they remain competent to carry out their role) by undertaking appropriate professional development.

11.13 Ensure that the organizations they work for have a Code of ethics and disciplinary mechanisms in place to uphold the spirit of ethical behaviour in the industry.

11.13 Qualified Chartered Insurance Institute (CII) Members should comply with the requirements of the CII's scheme for Continuing Professional Development (CPD) appropriate to their level and conditions of membership at all times.

11.14 Promptly notify the IIU of any change in the nature of employment which might affect their membership or chartered status.

11.15 All IIU members are required to maintain their membership of the IIU by payment of the appropriate annual membership fee when requested or to advise the IIU of any reasons which may require a termination or temporary suspension of IIU membership should the need arise.

ARTICLE 12

RELATIONS WITH THE COMMUNITY AND THE PUBLIC

Members should recognize the important wider role that they play as professionals in the Community and should:

- 12.1. Seek to advance the reputation of financial services, financial planning, insurance and associated trades through their own conduct;
- 12.2. Operate in a way that respects environmental concerns and issues;
- 12.3. Act in a socially responsible manner within the countries and societies in which they operate;
- 12.4. Strive to be trusted individuals and fulfill their responsibilities to the societies and communities in which they operate professionally.

PART IV

A SPECIFIC CODE OF ETHICS FOR EACH INSURANCE PROFESSIONAL GROUP

The provisions under this section are illustrative and not exhaustive. Each professional group shall develop a comprehensive code of conduct and ethics to specific to their circumstances a copy of each professional group code must be submitted to the Institute for reference purposes.

ARTICLE 13

SPECIFIC CODE OF ETHICS FOR INSURERS AND HMOs

- a. To refrain from undercutting premiums or any such related activities that gives an unfair advantage to secure business.
- b. Promptly pay legitimate claims and not unfairly delay the claims process.
- c. Advertise products and services in a simple manner that does not deceive or mislead the public.
- d. Use internationally acknowledged sound underwriting techniques. Identifying customer needs and recommend products and services that meet those needs.

- e. Utilize reinsurance prudently to spread the risk of loss.
- f. Prepare all insurance contracts in clear, direct language without unreasonable restrictions. Avoid use of legal and insurance language that may confuse the customer.
- g. Keep informed of and comply with all insurance laws and regulations
- h. Avoid unfair competition practices. This shall include any attempt to discredit another insurer or mislead any potential Client with false or unfair information which, as a result, could damage the reputation of such insurer.
- i. Make wise investment decisions and keep adequate reserves so that money will be available to pay claims when needed.
- j. Provide competent and courteous sales and service to insurance intermediaries and policyholders
- k. Pay commissions to brokers and -agents promptly when premiums are received.
- l. Offer customers those products and services which are appropriate to their needs and provide fair value
- m. Maintain a climate that encourages employees to be honest and fair in the conduct of their duties. An employee code of ethics and business ethics should be developed and enforced.
- n. Ensure that illustrations of insurance premiums and benefits are realistic, fair and understandable.
- o. Respond promptly, accurately and completely to any requests for information from the Regulator or any disciplinary board.
- p. Sign written agreements with insurance industry professionals (Intermediaries, Actuaries, Insurance Consultant Experts or Adjusters), as needed.
- q. State guidelines pertaining to how much renewal notice and policy cancellation must be given as well.
- r. Ensure that its employees and agents are properly trained so that professional advice can be given to prospective clients.
- s. Information sharing on indiscipline and fraudulent staff, agents and clients. Such people when dismissed for reasons of fraud or financial impropriety by one insurer shall not be employed or insured by another insurer.
- t. Disclose to client or intermediary conflict of interest situations as they arise.

ARTICLE 14

SPECIFIC CODE OF ETHICS FOR INSURANCE BROKERS AND AGENTS (INTERMEDIARIES).

- a. Provide customers with requisite proof of professional broker/agent qualifications and current standing.
- b. Supply insurance intermediary professional services that meet the expectations.
- c. Provide prompt remittance of received premium to insurance companies
- d. Avoid concentration risk (over dependence on one insurance company) in the case of brokers to the detriment of policyholders.
- e. Shall not engage in misappropriating or dealing dishonestly with client's money, insurer's monies or other monies held in trust.
- f. Shall not make untrue representations or concealing material facts from a client taking advantage of a client's inexperience or lack of insurance knowledge.
- g. Shall not withhold material underwriting information from an insurer dishonestly for your own personal gain which brings into question your professional integrity or competence.
- h. Shall not discourage clients from making legitimate insurance claims, or delaying them from being presented, in a manner which may prejudice the client's best interests or for reasons which may serve the interests of the intermediary.
- i. Endeavor to know your client (KYC) i.e. shall undertake a thorough client needs assessment before making recommendations to the insurer as per prevailing anti money laundering laws.
- j. promptly inform a client of alterations to the coverage, such as changes in policy conditions or premium amounts, or any matter or fact that may materially affect the policy or prejudice the client's interests, including the impending insolvency of the insurer.
- k. Advertise products and services in a simple manner that does not deceive or mislead the public.
- l. Sign written agreement with insurers outlining the terms of the brokerage or agency relationship as per regulatory specifications.
- m. Maintain an accurate account of all financial transactions involving policyholders, other brokers or agents, and insurance companies.

- n. Respond promptly, accurately and completely to any requests for information from the Regulator

ARTICLE 15

SPECIFIC CODE OF ETHICS FOR ADJUSTERS

AND ASSESSORS

- a. Provide customers with requisite proof of professional qualifications and standing.
- b. Supply professional services that meet the highest professional standards.
- c. Honor contractual and other agreements involving insurance companies for whom they work.
- d. Identify customer needs prior to offering advice and attending to those needs.
- e. Provide impartial advice to customer, uninfluenced by potential future business revenue.
- f. Not connive with insurers to unfairly deny claims
- g. Not to collude with policyholders to defraud insurers
- h. Respond promptly, accurately and completely to any requests for information from the Regulator

DISCIPLINARY RULES

The Institute will take appropriate action against any member whose actions are found to violate these Code or any other policies of the Institute.

Disciplinary actions may include immediate termination of membership at the Institute's sole discretion. Where rules under the Code have been violated, the Institute will cooperate fully with the appropriate authorities.

A report against a member on the breach of or non-compliance with any of the provisions of this Code shall be forwarded to first; the Governing Council where the Disciplinary Committee shall hear his/her case within 30 days.

In the event that the matter in question is not solved by the Disciplinary Committee, the matter shall be presented to the Chief Executive Officer of IRA where it will be heard within 30 days.

If the member is found guilty by the Governing Council, the Council will have the discretion to take the following actions:

- a. A warning letter if the matter in question is considered to be of a high magnitude or one that does not warrant immediate dismissal from professional practice within the insurance industry.
- b. Dismissal and cancellation of the professional practicing license if its determined by the council that the member deliberately caused malicious damage, fraud or financial loss to the client or body that they are representing, or having received 2 consecutive warning letters within 12 months.
- c. In the event that the member feels that they were not given a fair representation or hearing, they will have the right to appeal to court within 30 days of receiving a decision from the Governing Council.
- d. If the court rules in favor of the member in question, the Court's decision shall be supreme and will take precedence over other previously taken decisions.
- e. Give a warning letter to the professional body to which the member belongs with a copy to the regulator (IRA).

For the purpose of enforcement of this Code, an act shall be deemed to have been committed by an Insurance Company or Insurance intermediary if it is committed by-

- a. The Board of Directors; or
- b. The General Meeting of Shareholders; or
- c. The Managing Director or Chief Executive; or
- d. A Director, Manager, office, Employee or Agent in the course of his duty.

Complaints against an insurance practitioner, officer , executive employee or agent for acts or omission involving a breach of this code or professional misconduct but committed otherwise than in the course of employment, shall be referred to the Chief Executive Officer of IRA.

