

Insurance Brokers Code Compliance Committee

Submission to the National Insurance Brokers Association (NIBA)

Review of the Insurance Brokers Code of Practice (the Code)

Response to NIBA’s discussion paper dated 12 February 2021

9 April 2021

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Introduction

1. The Insurance Brokers Code of Practice (the Code) became effective on 1 January 2014.
2. The Code includes a provision that the Code be reviewed every three years.
 - 2.1. Code p. 6 *'How up to date is the Code? NIBA will arrange for the Code to be reviewed every three years. In making any changes NIBA will consult with relevant stakeholders, including consumer representatives, Code members, AFCA, the Code Compliance Committee and relevant government agencies).'*
3. Thus, it was due for a review in 2017.
4. In September 2018, the National Insurance Brokers Association (NIBA) appointed Marigold Magnaye to undertake the review of the Code.
5. Since then, the Insurance Brokers Code Compliance Committee (the Committee) has had ongoing meetings, discussions and formal correspondence with NIBA and the Code reviewer to address issues regarding the Code review.
6. The Committee also addressed this process in its Annual Reports [2018-19](#) and [2019-20](#).
7. In February 2021, NIBA issued a [discussion paper](#) for public consultation, including proposed changes for consideration. NIBA advised that the Code review is not limited in its scope and that NIBA intends to ensure the Code remains relevant and a benchmark of industry self-regulation in a regulatory environment that has sharpened its focus on community expectations, culture, and conduct.
8. Subsequently, the Committee had meetings with Ravi Dutta-Powell, Senior Advisor, Behavioural Insights Team, and with Ms Magnaye to discuss and/or clarify issues raised in the paper or the process.
9. The following submission is the Committee's response to NIBA's discussion paper. It begins with the areas that the Committee has identified as being a priority, and then responds in detail to NIBA's 10 issues, before addressing additional Code review themes.
10. Whilst the Committee has responded to the questions detailed in the discussion paper, the Committee is planning to provide a supplementary paper which will outline further broad aspects for consideration as part of the Code review. We have engaged the help of Ravi Dutta-Powell, Senior Advisor Behavioural Insights Team, to assist the Committee with this paper. The Committee plans to provide this supplementary paper to Marigold Magnaye once completed.

Why a submission from the Committee?

11. The role of the Committee is set out in the current Code. We will not repeat it here. In summary, the Committee monitors and enforces the Code by a broad range of activities.
12. The work of the Committee is uniquely important for the Code; it is the principal means of experiencing the Code from the perspective of all stakeholders and across all Code provisions as they impact each Code Subscriber. No one else has this experience. That is not surprising. It is the anticipated and professional outcome of the Committee's creation.

13. The work of the Committee is special for other reasons which have to do with its membership. As required by the Code, a representative of the industry and consumers join with an independent Chair to deliver the Code's requirements of the Committee.
14. The current three members have many years of experience with and in the industry (including business operations and client expectations), with consumer rights, with the role of Codes and regulation, with the Law and compliance, especially the general area of Insurance Law and Practice. Working together, each has been informed by the knowledge and experience of the other. With much assistance from the AFCA secretariat, meetings are always well prepared, occasions of respectful listening and dialogue and, invariably, consensus.
15. For this Committee, diverse backgrounds and experience is a positive, never divisive.

Our approach to the Code review

16. The [Introduction](#) says something of this.
17. We have expressed our concern previously about the time taken to implement and proceed with this Review. Unfortunately, the Code is now well out of date.
18. One reason is the unprecedented amount of legislation which came on the heels of the Royal Commission. However, it is clear to the Committee that this reason has not been accepted by other stakeholders. That is unfortunate.
19. As a result, the process for the Code review and the provisions of the new Code must not only produce an effective, credible Code. Equally important in the view of the Committee is the restoration of trust and cooperation between all stakeholders.
20. Because of the unique role and perspective of the Committee, it is important that we participate fully in this process and provide our experience for its outcome.
21. To that end we stand ready to provide Ms Magnaye with such assistance as she may require from us, in addition to the making of one or more submissions.
22. We respect all points of view which are likely to form part of submissions from others interested in the Review. We are always happy to discuss differences and, when useful, better explain our point of view.

Some significant issues

23. The work of the Committee as well as relevant external inquiries, discussions and reports in the past seven years have brought into focus the following learnings and reflections for the Committee. The following significant issues are all critical for this Review as well as for the NIBA "Broking in 2025" Review.

24. The purpose of a Code

- 24.1. The main purpose of the Code is to achieve better outcomes for consumers leading to a better relationship between insurance brokers and their clients.
- 24.2. Code standards and other requirements must, first and foremost, exceed legal requirements and be as high as the insurance brokers feel they can set them consistent with the standards they want for their industry. A similar comment can be made about sanctions. Again, the key would appear to be encouraging positive cultures and good behaviour rather than mere legal compliance.

- 24.3. The current draft version needs simpler language and must include the ethical obligations that would lift Code obligations beyond legal compliance.
- 24.4. The Committee believes that, to best achieve the Code's objectives it should focus on consumers. It should be written so that consumers can easily understand what it means and so that Code subscriber staff can easily understand the practical impact of each obligation.
- 24.5. What are the best means of conveying Code rights to those they are intended to benefit and thus achieve the objectives of the Code? The document must be directed to communication with a specific audience. Plain language, accessibility, and helplines all have a role.
- 24.6. The Committee notes that the original Code was designed for both brokers and consumers. NIBA needs to give further consideration to the consumer audience and use plain English.

25. Reflections on legal compliance and culture

- 25.1. Has legislation and regulation produced better outcomes for consumers of insurance services; who's testing?
- 25.2. Is the focus of compliance as currently practised primarily concerned with avoiding legal breaches or providing best service for customers; or is it equally likely that legal compliance is now seen as best practice?
- 25.3. Why has there been so little focus on the culture of businesses and the behaviour of those on whom consumers depend for "a fair go"; or, generally speaking, is the prevailing culture one which approves of any behaviour which passes the "legal" test?
- 25.4. If there is to be a significant change of focus to culture and behaviour, special attention must be given to how this is to take place within the industry. Over what period of time can this take place for Code subscribers, their staff and contractors. Many businesses may be well advanced on this mission. How far off is complete conversion?
- 25.5. The Committee understands that NIBA wants to improve the insurance broking profession by setting out behaviours that brokers can aspire to, instead of focusing purely on legal compliance. NIBA wants to incorporate this into the revised Code.
- 25.6. The Committee questions whether the draft Code is aligned with good culture and behaviour, rather than legal compliance.

26. Code ownership and responsibility

- 26.1. What is the public interest value in insurance brokers experiencing a sense of ownership of their Code? Is there clear evidence that converting a Code or significant parts of it, into a part of the Law via legal sanctions will, overall, create a public benefit?
- 26.2. Is the Code's core aim 'member ownership' (i.e. Code subscribers taking on accountability and leadership)?
- 26.3. To what extent are Code obligations to be part of enforceable law?

27. Alignment with the General Insurance Code and standards or guides

- 27.1. The Code needs to acknowledge the General Insurance Code of Practice (GI Code) where applicable.
- 27.2. How will this process reconcile (and reduce the overlap and potential confusion) the Code of Practice, Code of Ethics, the General Insurance Code and any implementation or explanatory guides?

28. Related issues for consumers

- 28.1. Given that insurance products are not simple contracts, that insurance law is complex and largely unascertainable for most, and that English can be a confusing language, is it realistic to expect that current insurance products and services will deliver consumer expectations?
- 28.2. Is it realistic to believe that the average consumer can make a wise /best insurance purchase without some level of personal advice?

Issue 1: Higher standards

The Code should go beyond the law and not simply restate it. The revised Code should set higher standards and give the profession direction, including in relation to ethical conduct.

- The Code must go beyond the law wherever possible. For the Code simply to restate the law is a waste of time, dangerous and misses the point.
- Where standards do refer to the law, those legal obligations should be spelled out. For example, Service Standard 1 'Comply with all relevant law' should include all legal obligations applicable to insurance brokers.
- The standards should be for the benefit of and embody the professionalism of the industry. They should represent the norms of behaviour that are to be expected from professional brokers.
- The Code should include a preamble which explains the purpose of the Code and how it helps the industry to achieve Code objectives. The revised Code should set the standards (including ethical standards) that brokers expect of themselves, their staff and representatives.

1. Should the Code include

1.a Clearer objectives or 'guiding principles' as a preamble to the Code?

- The Committee agrees that the Code does need reference to its overall vision and strategic directions.
- Objectives and guiding principles should be kept simple. Brokers should seek to achieve these aspirations.
- While it is important to define the Code's 'guiding principles', the Committee would prefer to replace that term in the Code with 'overarching principles' and with a preamble.
- In an ever-evolving regulatory environment, 'guiding principles' should be flexible and easy to change. If set out in the Code, they become static and hard to amend. Instead, the Committee could respond to change quickly and issue 'guiding principles' to the application of Code obligations when and if needed.
- Empowering the Committee to issue guidance should be considered when developing the Charter for the revised Code.

1.b Should examples of behaviours that go against guiding principles be included in a revised Code?

- The Committee believes good practice examples should be provided to Code subscribers, but not included in the revised Code. Guiding principles should be kept separate to the Code to make the Code simple and easy to read.
- The Guide should be the basis of all broker training and development.
- Mandatory Continuing Professional Development (CPD) hours related to understanding and living the Code should be included in the professional development of insurance brokers.

1.c Should the Code include a commitment by the subscriber to adopt the recommendations of the IBCCC own motion inquiry into professionalism in the industry?

- The Committee believes it should not.
- Historically, many of the IBCCC's recommendations have not been taken up. The IBCCC does not expect every subscriber to follow every recommendation, depending on situation and size of business. Recommendations can be covered by training and through awareness initiatives such as the 'IBCCC Tip of the Month'.
- If the IBCCC makes specific recommendations for adoption, the Code/Charter should provide the IBCCC with the necessary powers to enforce compliance with Code subscribers.

1.d A Statement on ethics? If so, should it go as far as the [FASEA](#) standards (noting that insurance brokers and general insurance were expressly exempted)?

- No, the Code of Practice does not need a Statement on Ethics, but the Committee believes the guiding principles for the Code should include ethical commitments, particularly as the Code should aspire to provide more than just the legal minimum.
- The FASEA standards are a principles-based model providing a framework to shape and reinforce ethical conduct for financial advisers. This is important, but the NIBA Code of Practice needs to go beyond principles and make practical commitments to consumers. While we strongly support the Code including ethical commitments as guiding principles in a preamble or overarching Code provision, we do not think the inclusion of a Statement of Ethics into the Code would add much practical value.
- NIBA already has its own Code of Ethics which is different to the Insurance Brokers Code of Practice. The Code of Ethics is not independently monitored, and we know some subscribers are confused about the difference between NIBA's Code of Ethics and the Code of Practice.

2. Should the revised Code be clearer about what "efficiently, honestly and fairly" means by:

2.a Providing examples/more detail?

- The Committee believes examples of good behaviour should be provided in an external Guide and should be included in training programs and reinforced with minimum CPD hours on Code training.
- Examples should not be included in the Code. The Code should be kept short and simple.

2.b Adopting some or all of the FASEA Code of Ethics?

- If the NIBA Code does adopt the FASEA Code of Ethics, it should form part of the Code – consumers should not need an assortment of external documents to understand what brokers have committed to.
- See also comments on item 1.d above.

2.c Extending some/all ethical/behavioural commitments to all interactions the subscriber has, regardless of the relationship (e.g. client or prospective client, insurer, or service provider)

- The Committee agrees. The Code should apply to all services provided by a broker. Behavioural standards should be applicable to all insurance brokers' interactions.
- Behaviour and company culture should be reflected as key elements in the new Code.

2.d Including ethical commitments in objectives/guiding principles?

- The Committee believes the guiding principles should include ethical commitments, particularly as the Code should aspire to provide more than just the legal minimum.
- However, these should be kept to a minimum and should remain high-level – specific guidance and examples of behaviours should be provided separately.

3. Should the Code be formally adopted by insurance broking companies as part of their strategy and values, with all staff trained on it?

- Yes, insurance brokers must commit to the Code at the highest levels of their companies and incorporate it into their strategic plans, corporate values and company culture.
- The Code should be genuinely owned by the industry, with good practice embedded in the culture of each member in every sense.
- Training is a key element here, as training drives cultural change.
- NIBA should consider producing an implementation guide for brokers. Such a document is essential, particularly for those setting up training courses as it would promote consistency across the industry. This should be dealt with separately, as the Code should not be providing detailed information about the setting up of training courses.
- NIBA should develop commentary regarding Code implementation for brokers in the Code and have a number of training modules about the new Code.
- There needs to be an annual refresher on the Code for all NIBA members, so that brokers have sufficient training.
- There should be more clarity by NIBA about who should adopt the Code. For some current Code subscribers, it does not make sense to subscribe to the Code (such as wholesale brokers or brokers who purely deal in specific products, e.g. aviation). If these should be exempt from the Code, who is providing this exemption?
- Some brokers subscribe to both Codes (the IB Code and the GI Code), such as those acting purely as Lloyd's cover holders. The Code should clarify which Code will apply and how breaches would be handled.

4. NIBA has proposed changes that extend standards beyond their legal obligations. Are there specific issues or Standards that require additional work or attention?

- The Committee agrees that the Code should extend standards beyond brokers' legal obligations but considers that what NIBA has proposed is very minimal.

- The Code's current standards need to be changed to catch up with the law and then go beyond it. Examples include product design and distribution obligations ([DDO](#)), [review](#) of the Privacy Act, unfair contract terms ([UFT](#)), internal dispute resolution timeframes ([IDR](#)) and [claims handling services](#).
- NIBA needs to develop a list of external environment changes and highlight any Code implications.
- The GI Code should be looked at as a reference as to how provisions can be presented in a simple and accessible manner. NIBA should engage with the Insurance Council of Australia (ICA) to ensure alignment between the two Codes.
- As a good method to test the aspiration, NIBA should identify and describe the six main standards that it intends to establish as going clearly above what the law currently requires.

Issue 2: Broad application

The Code should apply to all services provided by a broker to a client, with behavioural standards applicable in all interactions with a client.

1. Should the revised Code outline the practices and behaviours that should apply when a subscriber is retained by a client? If so, what?

- Yes, except the Committee submits that standards and good behaviours should apply to all situations. This is a key issue for culture and training.

2. Should practices and behaviours be different for clients depending on the type of advice they are receiving from a subscriber (e.g. personal advice, general or informational, or wholesale client advice)?

- Code commitments should apply broadly. If the industry thinks certain types of clients or services merit weaker commitments, they should explain why this is the case. Care must be taken to ensure that the Code does not become too complicated and needlessly confusing.
- Guiding principles should apply to all clients – training and good behaviour/company culture must be consistent and always applied.

3. Should these practices and behaviours apply regardless of the size of the client? [Note: the current Code is not limited to individuals and small enterprise.]

- See comments at 2.

4. Should a subscriber be permitted to be excused from compliance of the Code by agreement, where the client is a large enterprise?

- The overriding principle must be to deliver the service the client wants. This should be addressed by the broker in their engagement letter with the client. There should be no easy opt out.

5. Should certain practices and behaviours be limited to “Clients” or extend more broadly, for example, to potential clients, third parties, and agents?

- There should be Code commitments which are made broadly to all stakeholders, including third parties, potential clients and agents.
- Some commitments due to their nature might only apply to actual retained clients. This is an issue for the industry.
- However, most Code commitments need to be applied to all parties that the broker engages with, to drive good behaviour and professionalism. Culture and behaviour must be consistent.

Issue 3: Agents and third parties

A Code subscriber should ensure that its third-party agents and service providers abide by the Code to the extent applicable.

1. ***Should the Code Standards include behavioural standards that apply to a subscriber's third-party agents?***
 - Code subscribers should ensure that its third-party agents and service providers abide by the Code to the extent applicable. Code obligations should apply consistently and seamlessly to all aspects of an insurance brokers business.
 - Insurance brokers should be accountable for actions of their third-party agents and should guarantee their performance.
2. ***Should a subscriber be required to ensure that a third-party agent adhere to relevant standards? What level of responsibility should a subscriber have for third party breaches?***
 - See comments at 1.
 - This should be included in the commercial contracts between a subscriber and its third-party agent.
 - The subscriber wears the consequence of a breach by way of reputational damage. This needs to be understood and managed. The best risk mitigation is Code understanding and adoption supported by training.
3. ***What types of monitoring and review systems should subscribers have in place in relation to third-party compliance with a revised Code?***
 - Subscribers should have monitoring and review systems in place for third party compliance. They depend on the service being provided (e.g. claims handling, risk inspection, premium funding, debt collection). Different services will require different systems and trigger points to when a breach is being identified.
 - The test will be whether they manage this satisfactorily when a breach arises.
 - Brokers will have systems in place for their own staff. Third party providers' systems should be a natural extension of these procedures. The key elements here are the process of engagement and the setting of expectations.
4. ***Should it be possible for the Australian Financial Complaints Authority (AFCA) or the IBCCC to directly sanction a Code member's third party who breaches the Code? How would this affect AFCA or IBCCC resourcing requirements and administration?***
 - The Committee's power is to sanction the Code subscriber directly. It is then up to the Code subscriber to handle the third party accordingly.
 - The Code subscriber is ultimately responsible for the third-party action. Brokers need to take responsibility for the quality and professionalism of their third-party providers.
 - It is up to the Code subscriber to actively determine and manage that risk. There should be systems in place to manage, monitor and report third party actions.

- Selection of third parties is a critical issue. Brokers need to ensure they are working with third parties who have similar company culture aligning with Code obligations.
- Some third parties may be bound by other Codes (e.g. GI Code, Premium Funding Code) and may question why they have to comply with the IB Code as well. Insurance brokers should insist that their third-party agents comply with the IB Code.
- Brokers should monitor third parties to ensure they adhere to key outcomes and meet timeframes. Audits of third parties should be conducted to ensure they are meeting service standards.
- Customers should be followed up about their experiences regarding dealing with a third party.
- There should be periodic review of specific cases to review the way these were handled.
- When reviewing self-reported Annual Compliance Statement breach data for 2019, there was no specific reference to issues with third party providers.

Issue 4: Broker's role

The limits of a broker's role need to be clearly spelled out to a client prior to insurance being placed to allow informed decision making.

General Committee considerations

- Appropriate disclosure of remuneration can be meaningless and misleading if the customer is unaware of the services being provided.
- Disclosure of the role should include a transparent explanation of the capacity in which the insurance broker is acting, how remuneration is affected by that capacity and other roles an insurance broker might undertake and the impact on remuneration (e.g. the arrangement of premium funding).
- Any disclosure should be clearly understandable from a client's perspective using plain English and ideally in simply dollar terms where possible. It should put the client in a better position to make an informed decision. This is usually done via a letter of engagement.

1. In cases where there is no possible or actual conflict of interest, should a subscriber be required to inform a client every time an employee involved in an insurance placement acts as agent for an insurer, even when the activity is administrative in nature? If so, how should the disclosure occur?

- The Committee adopts and shares advice that it received from Ravi Dutta-Powell:

'Essentially it appears that this question is assuming that purely administrative functions do not lead to a rise in conflicts of interest.

However, there's a lot of evidence that conflicts can arise from seemingly innocuous interactions. There's a behavioural effect called reciprocity – essentially when someone does something for us, we feel obligated to do something in return for them. A good example is some of the things that drug companies have historically done for doctors – for example, drug companies would often do things like get doctors to speak at conferences on topics. The actual conference and topic weren't important; the key was the drug company was building goodwill with the doctor.

More broadly, you could make the point that in undertaking tasks for the insurer – even administrative tasks – that effectively turns the insurer into a "client" of sorts (the broker is providing a service to the insurer, and presumably is being compensated for it).'

- This should be part of the letter of engagement.
- Systems should be in place to ensure there is no conflict if an employee is acting as an agent for the insurer.
- There needs to be a commitment in the Code that brokers will endeavour to not have conflicts of interest. If there are conflicts, they need to have the appropriate structures in place to manage them and ensure they are adequately recorded and dealt with. This is part of good risk management and client service and should not just be provided in written format but explained to the client in genuine engagement.

- Disclosure is not the complete or best solution to all conflicts of interest. The focus should be on elimination where possible and having real engagement with consumers.
- If there are no conflicts, then it does not need to be disclosed with consumers. Brokers do a lot of work for insurers which consumers are not aware of, but which also might be of no interest to consumers nor affect their decision making. Consumers should not be overloaded with unnecessary information.

2. *Is it desirable for a subscriber to state which markets were canvassed to provide the options for cover? If so, how and when should the disclosure occur? What information do consumers need to make an “informed” decision about insurance services?*

- If a broker plans to canvas a limited number of markets/insurers/products, it should advise the client of that before undertaking the work. It should also be included when making placement recommendations.
- This should occur at the outset of any discussion so that the client can make an informed decision as to whether to proceed or not. The key issue is the quality of the product and claims service provided by the insurer. Some brokers may only go to one insurer because of this. The client needs to understand this.
- This is particularly important for large brokers.

3. *Is it appropriate that such advice be given “at the time” insurance services are provided? Or should advice be given prior to an insurance broker being retained to enable a consumer or small business owner to seek alternative advice?*

- Proper communication at the outset is key and this, again, is also a key training issue.
- Brokers might have an issue with the identity of markets as this can be commercially sensitive and provided in confidence.

4. *Should Code Standards be available to those who are not yet clients of the subscriber?*

- Definitely, prospective clients become clients. Standards should apply to all and every business action and should also extend to other behaviours outside work.

5. *Should the subscriber be required to go further and advise why a limited market was approached?*

- Yes, and proper discussion and engagement with the client at the outset is key. It cannot just be provided in a written disclosure document.
- The Committee adopts and shares advice that it received from Ravi Dutta-Powell:

‘Different clients may need different approaches and different levels of explanation. The key should be to ensure the client understands the approach – not for the Code to specify a checklist of activities for the broker to undertake. ‘

A distinction can be drawn between the Code setting out the goals, and supporting material providing examples of good behaviour (in this case,

actions a broker might take, noting that not all actions will be relevant for all clients).'

6. What additional information is required to enable a client to make an “informed decision” on insurance and risk options provided for clients receiving Personal Advisory Service?

- This depends on the average number of markets/insurers that brokers usually canvass for that type of coverage and the total number of insurers that offer that cover. So, it will vary from product to product.
- Again, training is the key to appropriate behaviour and good and appropriate engagement with the client.
- Consumers should be made aware of the insurers claims-handling reputation; the most relevant wording differences; any relevant relationship between the broker and the insurer and premium trends.
- We note that most brokers retain 90% to 95% of clients each year. For those clients there is an existing relationship with the broker and its existing insurers. Many clients are happy to stay with their current insurers. This comes back to renewal processes and procedures and agreement on how renewal is to be handled. Often brokers remarket a client’s business every three years, or as need be, in the case of renewal terms which are not market competitive.

7. What additional information would assist clients who only receive general insurance or factual advice rather than Personal Advisory Services?

- The difference between personal and general advice does not make any sense to consumers.
- The client should be told what they are paying for and what is excluded from the service.
- The Committee notes the recent ASIC work in this space: <https://asic.gov.au/about-asic/news-centre/find-a-media-release/2019-releases/19-069mr-mind-the-gap-consumers-confusing-different-types-of-financial-advice/>

Issue 5: Conflicts of interest

The Code should contain a revised Conflicts of Interest section promoting transparency and informed consent from clients where a conflict of interest may arise.

1. Is “transparency” the objective in a Standard that deals with conflicts of interest? If not, what issues should such a Standard address?

- This is a big issue. Transparency is often only about information disclosure. We know this has limited impacts and can actually have the reverse effect: making a client trust a broker because there is transparency, even though the conflict has not been resolved.
- The objective should be eliminating conflicts, or at least managing them so that the client is not disadvantaged and there is genuine informed unambiguous consent, freely given.
- The Committee adopts and shares advice that it received from Ravi Dutta-Powell:

‘It may be worth highlighting a couple of points:

- *First, there is fairly wide acceptance that disclosures on their own are reasonable ineffective.*
- *Second, simply disclosing information is a very legal-compliance approach – the Code should be aspiring to better behaviours. In this case (as some of the content below flags), that might mean aiming to ensure that clients understand the conflicts that exist. It’s a subtle distinction, but an important one – some clients might need more than a document to sufficiently understand the nature of the conflict at heart. Whilst a legally compliant broker will just issue a document, a good broker would ensure that the client understood the conflict (e.g. by explaining verbally as well as in writing, asking questions to check understanding, etc).’*

2. Are there particular issues that concern consumers and small businesses in the way conflicts of interest are currently managed?

- The relationship between brokers and insurers is often perceived as a conflict, as the broker is providing services to one party and being paid by another. Both parties have a relationship with the client; the insurer is outsourcing to the broker the management for day-to-day administration and advice as the insurer does not have the capacity or inclination to do this.
- Brokers need to review their relationships with insurers and determine whether there are conflicts. It is up to the broker to manage any conflict of interest and ensure the client understands.
- Where conflicts are identified, the first option should be to eliminate these conflicts. If conflicts are not able to be eliminated, it is up to the broker to manage any conflict of interest and ensure the client understands.

3. What type of information or method of disclosure would most assist consumers and small businesses in assessing their options or deciding whether to proceed despite a conflict of interest?

- See answers to 5(1) above. The objective should not be information disclosure, which we know from research is an ineffective way to manage conflicts. Brokers need to eliminate conflicts of interest wherever possible. Where conflicts cannot be eliminated, brokers need strong systems and processes to record and manage those conflicts. Where a conflict could directly affect a client, meaningful engagement is needed, not just information disclosure. The aim should be to ensure that the client understands the conflict.
- “*conflicts of interest are not merely problems for the intentionally corrupt (i.e. ‘bad apples’), but also for well-meaning professionals who succumb to unintentional bias.*” – from Conflicts of Interest and Disclosure Research Paper, prepared for Financial Services Royal Commission by Professor Sunita Sah November 2018.
- Brokers should decide if they really are fiduciaries. Much flows from this becoming both law and part of culture.
- The Code needs to state that brokers act in the best interests of their clients and do this while managing any conflict of interest.
- In fact, one of the biggest potential benefits to clients from disclosure is that the act of disclosing information can act as a salient reminder *to the broker* to act in the client’s best interests. If the disclosure is designed such that it acts as a reminder of the professional norm to put clients first, evidence suggests it can improve client outcomes.¹

4. Is adherence to the Standard relating to conflicts of interest a key concern for the community to warrant specific monitoring and reporting by the Insurance Brokers Code Compliance Committee?

- The Committee believes this is not a key concern. The key is for brokers to identify conflicts and think about how these might prejudice a client’s interests, to manage that conflict, and then tell the client how the conflict has been managed and why it is not an issue.

¹ Sah, S. (2019). Conflict of interest disclosure as a reminder of professional norms: Clients first!. *Organizational Behavior and Human Decision Processes*, 154, 62-79.

Issue 6: Remuneration disclosure

The Code should promote transparency in remuneration disclosure, and not simply abide by the letter of the law. Questions remain about what should be disclosed and how to promote transparency and assist effective decision making.

General Committee considerations

- This is a big issue and not easily resolved. It is also currently being discussed by various parties in the sector. Really knowing and understanding what you are getting for the payment is the key to judging full information about broker remuneration.
- The Australian Competition and Consumer Commission (ACCC) believes there is an inherent “significant conflict of interest between an insurance broker’s obligations to act on behalf of a consumer while being remunerated by an insurer. Disclosure of the conflict does not overcome the conflict.”²
 - ACCC has research that shows (at least in Northern Australia) that base commission rates for insurance brokers of 15-20% are common, and total incentive payments can reach more than 30% of the cost of the premium. GST and stamp duty are then applied on the commission-inclusive amount.
 - The different types of remuneration arrangements between intermediaries and insurers (including overrider or volume-based commissions, profit-share arrangements, and other nonmonetary benefits) are not well understood by many consumers.
 - There appears to be no relationship between the size of the commission and the work undertaken by an intermediary. While commission payments can increase in line with rapidly rising base premiums, the consumer does not receive any change to the level and quality of service being offered.
 - Limited incentive exists for intermediaries to secure a lower premium for their client or recommend products on which they don’t receive a commission, as this will also reduce their own remuneration.
- In the September 2018 interim report of the Financial Services Royal Commission, Commissioner Kenneth Hayne considered at length the role that misaligned incentives can have in the provision of financial advice. On the issue of conflicted remuneration, the Commissioner expressed the view that:
 - ‘sales staff can be rewarded by commission; advisers should not be’ ([Interim Report Volume 1, September 2018](#), p. 98)
- The final Hayne report included a recommendation that a 2022 review by the Government in consultation with the Australian Securities and Investment Commission (ASIC) consider, among other things, whether the exemption from the ban on conflicted remuneration for general insurance products remains justified (if the exemption was still in place). This is NIBA’s chance to get ahead of the game and eliminate conflicted remuneration practices.

² See Chapter 19 of [ACCC Northern Australia Insurance Inquiry Final Report](#), November 2020

1. What type of additional disclosure or transparency about remuneration would assist customers make a decision about retaining their insurance broker or accepting their product advice?

- The Committee believes NIBA's proposed changes are not good enough.
- Focusing on “proper disclosure of remuneration” sounds like a minimum legal requirement in a Financial Services Guide (FSG). It seems to be changing the standard for consumer outcomes from being the “best interests” to “will not result in a poor value outcome”.
- The key issue cannot be information disclosure or transparency – brokers need to commit to managing and eliminating conflicted remuneration.
- The Code should promote the use of plain language that discloses remuneration in dollar figures where possible.

Brokerage model vs fee for service model

- Customers do not like upfront costs and are more comfortable and likely to purchase products when costs are ‘hidden’, which is why drip pricing is effective.
- NIBA should review what other industry segments and financial services have done regarding this.
- Working in the best interest of clients should be driving all broker behaviour. Brokers should be asked to question the remuneration they are receiving to eliminate conflicts.
- Brokers should ensure staff are confident and well trained to have disclosure and conflict conversations with clients.
- Behaviour is driven by industry norms, which influence what people think others are doing. The Code is a strong way of saying that obligations under the Code reflect the industry norm, including obligations concerning remuneration.

2. Would it assist the decision-making of individuals or small enterprises to know with which insurer a subscriber has a market-derived income arrangement? Would it assist to know monetary and non-monetary benefits? What level of detail would assist them?

- Certain types of market-derived income arrangements cannot be simply disclosed. This will not “assist” individuals nor small-to-medium enterprises (SME) with decision making. Certain types of commissions are inherently conflicted and need to be eliminated or managed.
- Where an insurance broker preferences one insurer over another based on the amount of commission received, the insurance broker’s conflict of interest is clear and such a conflict would run counter to the interests of consumers.
- Examples for conflicted arrangements:
 - ‘Override’ commission or volume payment – an incentive paid to a broker for placing a large amount of premium with an insurer. These are in addition to any other commission arrangements.

- Profit-share agreements – payments made to a broker by an insurer after certain profit targets have been met. Profit is generally calculated on the gross written premium placed through the broker. (A potential for conflict arises from these arrangements if the insurance broker will be rewarded by the minimised or reduced success of their customers' claims.)
- Management fee for the supply of services such as claims handling and basic administration by the broker – usually used as an incentive during contract negotiations. Management fees are also a percentage of the total gross written premium or a defined dollar amount. These can be very significant.
- Non-monetary incentives – provided to a broker by an insurer and may include such things as sponsorship arrangements, access to training and development or specialised IT systems, and insurer-hosted social events.
- In the final report of the Royal Commission, in February 2019, Commissioner Hayne reasoned: “any exception to the ban on conflicted remuneration, by definition, has the ability to create misaligned incentives, which can lead to inappropriate advice” and any attempt to reduce or eliminate conflicts of interest in the financial advice industry must begin, therefore, with examination of those exceptions, and whether they continue to be justified. ([Final Report Volume 1, February 2019](#), pp 181-2.).
- The Code should commit to eliminating controversial and inherited conflicted types of remuneration already identified by the ACCC.

3. *Should the disclosure or transparency commitment be different for larger clients?*

- No, but large clients are sophisticated and can probably effectively self-advocate.
- Brokers have different models for servicing larger clients.

4. *Apart from disclosure, what other measures could subscribers commit to in order to enhance conflicts management of market-derived income?*

- The Committee is interested to see examples of market-derived income. In Committee discussions with Ms Magnaye, she stated that she did not have many conversations with brokers regarding market-derived income.
- Market-derived income is mainly facility-based.
- A lot of brokers do not want to deal with the entire market and instead deal with their preferred underwriters. It would be too expensive and of no value to consumers to deal with the entire market.
- Brokers need to ensure consumers understand how brokers are deriving their income and this should be communicated in an open and transparent manner.
- Brokers need to accept they are fiduciaries and their relationship with clients is a fiduciary relationship.
- Remuneration should not be driving poor behaviour from brokers.
- The IB Code will need to align with the GI Code, as brokers' insurers should not be getting into arrangements which would cause conflict of interest.

- Standard 6 in the draft Code sets out a broker's obligation to disclosure in relation to remuneration '*If a reasonable person would think it would influence a broker's decisions, then it should be disclosed*'. It will be introduced in the governance standards that brokers will need to decide whether the remuneration they are receiving is appropriate. However, governance standards only refer to keeping appropriate records of conflicts of interest. The standards should include that after subscribers review their remuneration relationships, those that reflect bad standards should be removed.
- Brokers should have standard file notes with headings where the broker will need to detail the motive behind the arrangement and how the broker was satisfied this was in the best interests of the client.
- NIBA will need to explain why the commission model is suitable and should consider funding a piece of research on this as part of the Code review.

5. *General insurance brokers benefit from a FOFA exemption. Would it be reasonable for subscribers of the Code to commit to more than Standard 6 to ensure their ongoing exempt status? If so, what commitments would the community expect?*

- The community expects brokers to not have conflicted remuneration in place. The ACCC just recommended it. Hayne recommended it for mortgage brokers. Financial advisers lost commissions years ago.
- Any remuneration basis or financial deal which induces or may induce a broker to place clients' cover, other than on the best terms for the client, must be illegal.
- That being said, insurance brokers often have facilities in place with a relatively small number of insurers for several reasons. It is no longer feasible for brokers to approach every insurer in the marketplace as neither the broker nor insurers have the capacity to do this. Every time you seek a quotation, you are providing client information to an insurer and unsuccessful insurers retain this confidential information, which has a risk associated with it.
- Broker facilities are driven by efficiency and driving premium to a smaller number of insurers to drive discounted pricing and enhanced policy coverage. These systems are computer-enabled, with the system development cost incurred by brokers. Brokers seek cost recovery for the system costs. Brokers may also have insurers work in broker-owned premises to ensure that the insurer underwriters have 100% focus on that broker's clients. This aids in the turnaround of quotes for clients and better claims outcomes due to premium volumes and broker buying power. Code provisions should not stifle initiatives which enhance efficiency and drive better consumer outcomes.

6. *NIBA suggests significant changes to the current Standard 6 in relation to both scope of disclosure and how disclosure should be communicated. Is there any additional information that would assist consumers to make an "informed decision" about accepting services or not?*

- See prior comments.
- Information disclosure cannot be the only answer here. The ACCC recommends that providing a clear, fee-for-service model to consumers is preferred to the

remuneration arrangements described above, as they avoid inherent conflicts of interest.

7. Does the proposed remuneration governance policy address the possibility of a conflict of interest? Should the standard apply to subscribers of all sizes and distribution models?

- The proposed remuneration governance policy should apply to all subscribers. This type of remuneration review is important for all brokers. However, the proposed drafting does not commit subscribers to anything beyond 'considering' various things relating to payment arrangements.
- The Code should commit subscribers to refusing remuneration arrangements that do not meet the standards and expectations set by the profession and by the community. Payment arrangements that create an unmanageable conflict need to be eliminated.
- The Code should set clear and high standards about why types for remuneration or benefit arrangements need to be eliminated from broking practice.
- NIBA should review any existing research on the impact that an exclusive fee-for-service model may have on the use of independent brokers by consumers and SMEs. If there is none, appropriate research should be considered.

8. What role should the IBCCC take in ensuring a subscriber adheres to NIBA's proposed enhanced communication and governance measures standard?

- The Code should set clear commitments and standards which can be self-reported against by subscribers and investigated by the IBCCC. The way these sections are currently drafted, it would be difficult to find that a subscriber breached the governance measures since they only require a subscriber to 'consider' various things.
- The enhanced communication standard sets a much clearer commitment, but the Code could go further to committing subscribers to genuine engagement with clients on these issues, not simply including this information in boilerplate written disclosures.

9. To what extent is full transparency relating to market-derived income possible where these arrangements are generally commercially sensitive?

- This is a question for industry and one that highlights the current problems around remuneration transparency for insurance brokers.

Issue 7: Enforceability, remedies and sanctions

The Code should be clear on how obligations are enforced and allow anyone to report a breach of the Code. While a Client can make a complaint, the Code states that a Client cannot rely upon the Code and no legal rights exist between an insurance broker and a Client in relation to Code standards.

General Committee considerations

- The independence of the Committee and its administrative support should be addressed under a separate heading. The Code should clearly reinforce the need for the Committee to be independent and provide specific qualifications and guidelines to define that independence.
 - Clarification is needed for the statement “no legal rights exist between an insurance broker and a client in relation to Code standards”. The Committee believes that Code standards should be incorporated by reference in the written Terms and Conditions for any products and facilities to which the Code applies and be enforceable as such.
 - The collection of Code statistics should enable the fair calculation and publication of Code compliance benchmarks which identify the relevant Code subscribers. The Committee should be empowered to report on individual organisations involved in Code breaches in its Annual Report, including classification of size of organisation, number and kind of breaches. This might include some form of public compliance ranking for all Code subscribers.
 - The role of the Committee should be more specific and referred to in the actual Code (not just additional underlying documents, e.g. Deed, Charter, procedures).
 - The Committee’s powers concerning sanctions, including naming and shaming, should be referred to in the Code and should be more specific.
 - Currently the Committee needs NIBA’s approval to publish documents and establish a website (see section 2.4 (i) of the Deed “*not without prior consultation with NIBA, publish or distribute any information to the public in relation to the Code, except to the extent this Deed or the Annual work plan expressly permits this*”), which might undermine its independence.
1. ***Until industry Codes become mandatory, what sanction/s should be available to the IBCCC where members unsubscribe when a complaint is made against them? Should the IBCCC have the power to notify ASIC of efforts to evade investigation or compliance with a sanction even if the breach is minor?***
 - The Committee submits that it should be able to make it public that a member unsubscribed to the Code after a complaint was made against that subscriber. It is then up to the insurance broker, if it so wishes, to explain why it unsubscribed.
 2. ***Should anyone have the ability to report an alleged breach of the Code? Where affected customers are not involved, is it appropriate for the report to be submitted directly to the IBCCC without the need for the allegations to be referred to the subscriber’s IDR?***
 - The Committee submits that anybody should be able to report an alleged breach of the Code. It is then up to the Committee to decide what to do with it.

- Breach allegations can be made at the same time as complaints via IDR or EDR. The Committee cannot provide financial remediation but can investigate from a systems/good practice point of view.
- The Committee should be able to investigate matters and apply sanctions even after remediation of the complaint has been undertaken.

3. In view of the proposed legislative changes allowing ASIC the ability to determine whether Code provisions should be enforceable, should NIBA pre-empt the legislative change and prescribe which provisions are enforceable? If so, which Standards or type of standards should be enforceable by a client?

- If NIBA wants to register its Code, it will need to prescribe which provisions are enforceable. This legislation is already in place.
- NIBA and its members should always endeavour to be ahead of law reform.

4. As membership to the Code is currently voluntary, is there a real disincentive for subscribers to sign up to the Code if certain Code provisions are made enforceable by ASIC?

- The Committee provided a separate submission on the enforceable Code provisions.
- The Code covers about 80% of insurance brokers from a commercial point of view as it is mandatory for all NIBA and Steadfast members.

Issue 8: Complaints process

The Code should be clearer on how the complaints process works and consideration be given to whether the timeframes are appropriate. Small enterprises should be provided early in the process with information about options available and sources of support.

General Committee considerations

- There should be a clear differentiation between the internal complaint resolution process and the alleged breach investigation process.
- Information should be provided early in the process to all clients, not just limited to small enterprises.
- A standard information piece – describing the complaints investigation process and its distribution to clients in appropriate circumstances – should be made mandatory.
- The process should be aligned to ASIC’s [RG271](#), effective October 2021.

1. Are insurance brokers facing the same issues as insurers regarding streamlining complaints-handling if insurance broker complaint numbers are significantly lower?

- There is no reason not to simplify the complaints process, whether there are low numbers of complaints or not.
- This should be reflected in the overall main Code objectives and principles.

2. Can NIBA’s proposed changes be further improved to address communication concerns or in any other respect?

- Yes – there is currently confusion among members about ‘alleged breach’ vs ‘complaints’ investigations. This should be clearly identified and explained.
- NIBA’s proposed changes are dense and legalistic, and not at all how a Code should be written. It takes NIBA over 300 words to explain what it will treat as a ‘complaint’ where the General Insurance Code simply states: “You may complain to us about any aspect of your relationship with us.”

3. Should subscribers be required to refer individuals or small businesses who make complaints to support advocates upon receiving a complaint?

- Subscribers can provide information about where to get free independent advice. They do not need to actually refer complainants, just make the information easily accessible.

4. Would access to mediation and conciliation early in the complaints process reduce the time to resolution and provide a more efficient dispute resolution outcome for complainants?

- Best practice may include a prominent external independent person to have the final say at the internal dispute resolution (IDR) stage.
- NIBA can also treat these as great educational and training possibilities.

- Brokers work exceptionally hard to resolve complaints as they have a vested interest in doing so. Any need to access mediation should be determined early in the process, but often needs to go through a process before mediation is seen to be of value.
- If a dispute requires mediation or conciliation that is what AFCA is for.

Issue 9: Vulnerable clients

The Code should make provision for the need for Code subscribers to identify and support vulnerable clients.

1. *Should a revised Code consider the special needs of vulnerable clients?*

- Definitely, this should be an important point of the overall Code principles.
- There can be separate guidance on what that actually look like in practice similar to the GI Code or the Banking Code.

2. *Should specific groups be identified in the Code as those described above? Or should the commitment by subscribers be more general, given the particular client base of each subscriber? Or should it make provision for specific types of vulnerable clients, like victims of domestic violence or those suffering financial hardship?*

- Consumer advocates prefer groups to be identified and described, similar to the GI Code.
- Brokers should have a better relationship with customers compared to insurers. But brokers do need to be aware of certain vulnerable groups, such as economic abuse victims who have joint policies, or people struggling with financial hardship.

3. *Should a revised Code include?*

- a) A statement acknowledging the diverse needs of vulnerable clients? – Yes.
- b) A commitment to accommodate vulnerable clients by providing assistance when asked? – Yes.
- c) A commitment to develop staff awareness and training regarding identification of vulnerable clients and how to take steps to provide them with additional support? – Yes.
- d) An ongoing commitment by subscribers to continuously improve their awareness and policies in relation to vulnerable clients? – Yes.
- e) Any other provisions?

These are all very important obligations and address current issues raised by consumer advocate groups. NIBA should work with consumer advocate groups to develop effective guidance in this area.

4. *Are there vulnerable client issues that are particularly relevant to clients of insurance brokers? How should these issues be addressed?*

- The Committee has concerns with third party service providers like premium funders or debt collectors not having adequate hardship policies in place.
- The Committee also has concerns about economic abuse. NIBA should liaise with the ICA on how the GI Code handles these issues.
- The biggest “vulnerable” group for insurance brokers are clients with claim settlement issues
- Broker should be able to identify vulnerable clients and support them accordingly.

Issue 10: Accessibility

The Code should be accessible to consumers, for example, through adopting plain language, having non-English language versions, and ensuring the Code can be accessed by the visually or hearing impaired. Promoting awareness and training are important ways of increasing accessibility to subscribers and consumers.

1. Is there benefit in reformatting the Code so that it appears more like other Codes, for example, the ICA 2020 Code of Practice or the ABA Code?

- Definitely. The Code is difficult to use in its current format for consumer advocates, for the Code Team, for subscribers and for the regulator. It is not helpful for consumers.
- In parts the document resembles a sales document (e.g. p 4: ‘Why do you need to use an insurance broker?’).
- The Code needs structure. Every commitment needs a number, although it can still be under a Standard: e.g. ‘Service Standard 7’ – with each individual commitment being 7.1, 7.2, 7.3 etc.).

2. Is there a need to create broader access to the Code by having versions in other languages, and to accommodate the visually and hearing impaired?

- Online, the Code should meet best practice for accessibility. See Web Content Accessibility Guidelines 2.0 as the standard (most Government websites aim to adhere to this): <https://www.w3.org/TR/WCAG20/#conformance-reqs>.
- NIBA should review how these issues are addressed by brokers in their provision of advice and policy documentation to these clients.
- Ms Magnaye noted in her discussions with the Committee that in her interactions with brokers, accessibility requirements have not been considered. These include how to assist consumers with special needs (e.g. because of age, disability, being an indigenous person, English not being the first language, being unfamiliar with financial products and services). This is not acceptable.
- The current Code does not address brokers’ obligations to assist vulnerable customers.
- Brokers should look to taking a similar approach to AFCA in relation to translators and interpreters and, as a minimum, provide links to available services if no in-house services are available.
- The GI Code has a section on the use of interpreters stating that access to an interpreter will be provided where practicable.

3. Should complainants be able to “Make a Complaint” on the Code website? If so, should the complaint be received by the IBCCC in the first instance? Should potential complainants be encouraged to seek redress from the subscriber in the first instance before using the “Make a Complaint” button?

- Yes, consumers should be able to ‘Make an alleged Code breach’ (not complaint) from the Code website. It should be clearly differentiated from a complaint and called

'an alleged Code breach', with clear information regarding the powers of the Committee and the expected outcome (e.g. not financial).

- The consumer should not have to seek redress from the subscriber first.

4. *What kind of support would subscribers expect from NIBA at launch and on an ongoing basis to ensure that subscribers are aware of and understand their commitments and obligations under the Code?*

- This is up to NIBA and the Code subscribers. A Code manual to assist implementation seems essential.
- The Committee notes that comparative charts about commitments, examples of breaches and good behaviour, basic training sessions, and resourcing would be of benefit to subscribers.
- This needs to be driven by NIBA and supported by an ongoing CPD requirement based on knowledge of the Code.

5. *What else can NIBA do to promote a revised Code?*

- Better engagement with SMEs and trade groups. Clients of brokers are not as well represented by peak bodies with a clear voice and they do not know about the Code.
- NIBA needs to reinforce with its members that the Code should be shared with their clients so that clients understand their rights and the standards brokers are working towards.

Other issues

Coverage

- Associated services are not covered (e.g. debt collection, premium finance, financial advice, third party). Conduct should extend to any advice or service provided.
- Cover should extend to when the insurance broker is acting as an agent for an insurer (e.g. being professional in any conduct).

Governance

- Code subscription should not be linked to NIBA membership.
- Obligations should refer to reports that “must” be prepared, not “may” be prepared.
- The Committee needs increased funding and resources to ensure an efficient and effective monitoring of the Code.

Appendix 1: About the Code

The 2014 Insurance Brokers Code of Practice ([the Code](#)) sets standards of good industry practice for the insurance brokers that have agreed to follow its standards when dealing with current and prospective individual and small business clients. The Code is owned and published by the National Insurance Brokers Association ([NIBA](#)) and forms an important part of the broader national consumer protection framework and financial services regulatory system.

The 2014 Code contains 12 key service standards that apply to all insurance broking services delivered to individuals and small businesses by Code subscribers across Australia.

By subscribing to the Code³, insurance brokers have committed to continuously improving their standards of practice and service in their sector; promoting informed decision-making about their services; and acting fairly and reasonably in delivering those services.

In September 2018, NIBA appointed Marigold Magnaye to undertake a review of the Code. This [review](#) is still in process.

Appendix 2: About the Committee

The Insurance Brokers Code Compliance Committee ([the Committee](#)) is an independent compliance monitoring body established under the Code and the Code Compliance Committee Charter ([the Charter](#)). It comprises an independent chair, a person representing the interests of the insurance broking sector and a person representing the interests of consumers (including small businesses).

Committee members as at April 2021 include:

- Michael Gill – Independent Chair
- David Duffield – Industry Representative
- Julia Davis – Consumer Representative

The Committee supports insurance brokers to implement best practice and culture in service and advice provided to their clients which meet consumer expectations

The Code and Charter entrusts the Committee with several functions and responsibilities, including to:

- independently monitor compliance of Code subscribers with obligations under the Code
- enable and encourage robust self-reporting
- identify current and emerging industry wide problem
- provide guidance to stakeholders about implementing best practice and culture in service and advice to clients
- promote professionalism and change in company culture to achieve compliance, and
- consult and keep stakeholders informed about the Committee's activities.

³ As at 31 March 2021, there are 468 Code subscribers.

Information about the work undertaken by the Committee and its publications can be found at its website www.insurancebrokerscode.com.au.

Appendix 3: About the Compliance Manager

The Australian Financial Complaints Authority ([AFCA](#)) provides Code monitoring and administration services⁴ to the Committee and NIBA by agreement. AFCA has appointed a dedicated team of staff (Compliance Manager⁵) within its office to undertake that task.

In addition to shared administrative and support staff, as at April 2021 dedicated staff to the Insurance Brokers Code Compliance Committee include:

- Rene Van de Rijdt – acting General Manager, Code Compliance and Monitoring
- Daniela Kirchlinde – Code Compliance and Operations Manager

⁴ As per the *Insurance Brokers Code Compliance Committee Administration Deed and Charter (Charter)* section 1.1 (a) (iv) the Code Administrator means AFCA or such other person appointed by NIBA from time to time to act on NIBA's behalf in administering the Code.

⁵ As per *Charter* section 1.1 (a) (vii) means the person appointed by the Code Administrator to act on its behalf for the purpose of the Code Procedures.