



The Specialist Insurer

BROKER APPLICATION FORM			
(Please take note that this application cannot be processed if ALL fields and pages are not completed in full.)			
Underwriting Management Agency:		Date:	/ /
Processed by (UMA staff member):			
Inception date of facility requested:			/ /
COMPANY DETAILS			
Name in full, including current trading title, if any:			
Previous trading names, agencies or brokers with whom you have been associated:			
Form of business – tick as appropriate:			
<input type="checkbox"/>	Proprietary limited company	Registration no:	
<input type="checkbox"/>	Limited liability company	Registration no:	
<input type="checkbox"/>	Close corporation	Registration no:	
<input type="checkbox"/>	Partnership:		
<input type="checkbox"/>	Sole proprietor:		
<input type="checkbox"/>	Other	Please give details:	
Please list the names, I.D. numbers and occupations of all directors / members / partners / sole proprietor:			
1.			
2.			
3.			
4.			
5.			
6.			
Please list the names, I.D. numbers or registration numbers, and occupations of all share holders:			
1.			
2.			
3.			
4.			
5.			
6.			
Have any of the persons listed above, or has any organisation in which they have held a managerial position been placed in provisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally or finally sequestrated or entered into arrangements with creditors or are any such matters still pending? If yes, please provide full details:			
Have any of these persons been convicted of any criminal offence during the past 5 years? If yes, please provide full details:			

Is there any civil or criminal litigation pending against any of the persons mentioned above or against the applicant? If yes, please provide full details:			
Have any of these persons ever had any agency or an agency application declined, terminated or granted on special terms? If yes, please provide full details:			
CONTACT DETAILS			
Physical address from which business is conducted:			
Business No:		Facsimile No:	Mobile No:
Postal Address:			Postal Code:
E-Mail Address:		Website Address:	
Date business was established or incorporated:	/ /	Date of inception of present management:	/ /
OTHER CONTACT DETAILS			
Main Contact Person:		E-Mail Address:	
Underwriting Contact Person:		E-Mail Address:	
Claims Contact Person:		E-Mail Address:	
Accounts Contact Person:		E-Mail Address:	
MEMBERSHIP DETAILS			
State any insurance/broker/underwriting association related membership		Branch:	
Association:		Membership no.	
Association:		Membership no.	
BANKING DETAILS			
Bank:		Branch:	
Branch Code:		Type of Account:	
Account Number:			
Name of Account Holder:			
Have you changed bankers over the last 2 years, if Yes please advise:			Yes No
Bank:		Name of account holder:	
Bank:		Account number:	
FACILITY/CONTRACT DETAILS			
Below, list the detail as requested of the three Insurance Companies and/or Underwriting Agencies with whom most of your business is placed.			
PLEASE NOTE THAT ALL THREE FIELDS NEED TO BE COMPLETED IN FULL			
Company name:			
Branch:			
Contact person:			
Contact number:			
Period of agreement:			

Monthly premium:			
Cumulative 12 month loss ratio:			
List the names only of any other insurance company and/or underwriting agency with whom you place business:			
1.		5.	
2.		6.	
3.		7.	
4.		8.	
Do you currently have a Compass facility through any other Compass Underwriting Manager?			Yes No
If YES, please provide details below:			
TAX STATUS			
Is the Company a registered taxpayer?			Yes No
Income tax number:		VAT registration number:	
FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT			
PLEASE NOTE THAT YOUR APPLICATION CANNOT BE APPROVED IF YOU HAVE NOT REGISTERED CORRECTLY IN TERMS OF FAIS.			
Please provide your FSP licence number and Category (e.g. Cat I / II / IIA III / IV)		Licence no.:	Category:
Please mark type of financial service the FSP is registered to provide:		Advice (A):	Intermediary Service (B):
Please provide sub-category product details: e.g. 1.2 (short-term insurance: personal lines); 1.6 (short-term insurance: commercial lines)			
Are there any other conditions applicable for licence categories: Yes / No			
If the answer is Yes, please provide details of such conditions:			
Name of registered Compliance Officer:			
Contact Details (e-mail address):	(Business)	(Mobile)	
COVER DETAILS (Please attach supplementary proof i.e. policy schedule or proof of cover)			
Professional Indemnity Cover (Compulsory for all FSP's in terms of the Notice on Requirements for Professional Indemnity and Fidelity Insurance Cover for Providers, published in Board Notice 123 of 2009)		I.G.F. Cover (compulsory if the intermediary is mandated as a credit intermediary to receive and hold premium in terms of Section 45 of the Short-term Insurance Act read with Regulation 4 thereto)	
Excess structure:		Excess structure:	
Underwriter:		Underwriter:	
Limit of indemnity:		Limit of indemnity:	
Policy number:		Policy number:	
Expiry date:		Expiry date:	
Who is covered under the PI policy, e.g. only Directors, all staff? Please specify:			

Suitable Fidelity Insurance / Bank Guarantee (compulsory if the FSP receive premiums or hold assets on behalf of clients in terms of the Notice on Requirements for Professional Indemnity and Fidelity Insurance Cover for Providers, published in Board Notice 123 of 2009)

Excess structure:	
Underwriter:	
Limit of indemnity:	
Policy number:	
Expiry date:	

Any other relevant information:

Proposal completed by (block letters):	
Signature:	Date: / /

DECLARATION

The information contained herein is true and correct and shall form part of the agreement to be concluded between Compass, the Underwriting Manager and the independent intermediary

Important notice:

The acceptance of this proposal is subject to the final approval of Compass Insurance. Compass Insurance will not accept responsibility for cover until written confirmation has been issued and the agreement between the parties have been concluded.

OFFICE USE

Date received at Compass	Checked by	Approved by
Proof of PI attached	Checked by	Approved by
Proof of IGF and FI attached (if relevant)	Checked by	Approved by
	Date: / /	Date: / /