

Broker Agency Application Form

I/We hereby apply for approval as an intermediary agent with Heavy Commercial Vehicle Underwriting Managers (Pty) Ltd (HCV) underwritten by Infiniti Insurance Limited. *Please take note that this application cannot be processed if all fields and pages are not completed.*

Brokerage Information

Name in full, including current trading name: _____

Previous trading names, agencies or brokers with whom you have been associated: _____

_____ Date business was established or incorporated _____

Postal Address _____ Code _____

Physical Address _____

_____ Code _____

Telephone Number _____ Fax Number _____ Website address _____

Email address for person responsible on updating agency details/agreement _____

Tax Status: Income Tax number _____ VAT Number _____

FAIS license details (Copy of FAIS License & Annexure must be attached)

Date license obtained _____ License Number _____

What categories of business are you licensed for? _____

Name of Compliance Officer _____ Email Address _____

Do you have Sub-brokers/Juristic Representatives operating under your FSP Licence? **Yes / No.** If Yes, please give details; _____

Professional Indemnity Cover (Proof must be attached)

Underwriter _____ Limit of Indemnity _____

Policy Number _____ Expiry date _____

Type of Business (Tick the applicable)

Limited Liability Company		Registration Number
Close Corporation		Registration Number
Sole Proprietor		Identity Number
Partnership		
Other		Describe:

Banking Details: (Proof must be attached)

Bank / Institution _____ Branch Name _____

Type of Account (Current or Savings) _____ Branch code _____ Account Number _____

Account Holders Name _____

Email address for submission of all **commission statements** _____

List the names of any Insurance Company and / or Underwriting Agency with whom you are authorised to place business with.

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Please list all Owners (all fields are compulsory to complete)

Surname	Full Names	Title	Identity Number	Designation	Employment Start Date	FSB KI / Rep / Both	Mobile Number	Email address

Please list all Directors / Members and Key Individual/s (all fields are compulsory to complete)

Surname	Full Names	Title	Identity Number	Designation	Employment Start Date	FSB KI / Rep / Both	Mobile Number	Email address

Please list all Representatives that will deal with HCV (all fields are compulsory to complete)

Surname	Full Names	Title	Identity Number	Designation	Employment Start Date	FSB KI / Rep / Both	Mobile Number	Email address

Please list all Representatives working under Supervision (all fields are compulsory to complete)

Surname	Full Names	Title	Identity Number	Designation	Employment Start Date	Period working under Supervision	Mobile Number	Email address

Credit History:

Have any of the persons listed above, ever been declared insolvent, placed in liquidation whether provisional or final or reached a compromise with creditors. **Yes / No.** If Yes, please give details; _____

Do any of these persons have any defaults and/or judgements against them? **Yes / No.** If Yes, please give details; _____

Criminal Records:

Have any of the persons listed above, have any pending or criminal convictions or paid an admission of guilt fine other than speeding or parking offences? **Yes / No.** If Yes, please give details; _____

Other Material Facts:

Is there any material fact that is likely to influence the assessment of this application which will affect the decision by Heavy Commercial Vehicle Underwriting Managers (Pty) Ltd, underwritten by Infiniti Insurance Limited with regards to whether we do business with you or not.

If you are in any doubt as to whether a fact would be considered material you should declare/explain it anyway to enable us to make an informed decision. Where necessary or possible, provide proof to substantiate your explanation/declaration. All the information that we request in this application is material. **Yes / No.** If Yes, please give details; _____

Has the company or any of the Partners/Members/Directors had any Insurance Agency being cancelled? **Yes / No.** If Yes, please give details; _____

Supporting Information

Please note any relevant information or attach any document to support this application _____

Conflict of Interest (Please attach document)

Please declare any "Conflict of Interest" to support this application; _____

Commitment to the following principles

This Agency Agreement is being entered into on the clear understanding of the following principles, which are of critical importance.

Both parties themselves to conduct their affairs in accordance with all prevailing legislation, but over and above that, undertake to maintain high standards of honesty, integrity and transparency in their dealings with each other.

1. Both parties agree to maintain good administration and accounting standards. Both parties recognise that inefficiency in these areas ultimately results in problems for the business and the mutual relationship.
2. Both parties agree to work together for the mutual benefit of profit for all concerned, whilst never compromising fair dealing, honesty and speedy service to the insured.
3. Both parties agree to notify of any conflicts as and when it happens.

In the event of these principles being breached, either party has the right to give notice to the other cancelling the agreement with immediate effect.

You acknowledge that the sharing of information (including credit information) relating to intermediaries by Insurers is essential to enable the Insurance Industry to manage the business and to reduce the incidence of fraud, in the public interest. On behalf of yourself and on behalf of any person you represent herein, you hereby waive any right to privacy in any information provided by you or on your behalf in respect of the application to become an intermediary and you consent to such information being disclosed to any other insurance company or its agent.

You also acknowledge that the information provided by you may be verified against other legitimate sources or databases. You also waive any rights of privacy and consent to the disclosure of any information relevant to this application concerning yourself.

We hereby apply for appointment as Intermediaries in terms of the Independent Intermediaries Agreement and undertake to be bound by the terms and conditions thereof. We confirm that all of the information contained herein is true and correct and undertake to notify of any material changes that may in the future occur.

I hereby authorise Heavy Commercial Vehicle Underwriting Managers (Pty) Ltd underwritten by Infiniti Insurance Limited to send trucking/ driving tips or important information directly to Policyholders periodically.

Application completed by _____ (Name & Surname in block letters)

Signed _____ Capacity _____ Date _____

Important Notice:

The acceptance of this proposal is subject to the final approval of Heavy Commercial Vehicle Underwriting Managers (Pty) Ltd (HCV), on behalf of Infiniti Insurance Limited and the verifying of the applicant's FSP Licence. Infiniti Insurance Limited will not accept responsibility for cover until written confirmation has been issued.