

# **Broker Application Form**

We look forward to welcoming you to the Compass Insure broker community. Please take note that this application cannot be processed if ALL fields and pages are not completed in full.

Underwriting Management Agency	Date
Crider Witchig Flandgerrer Progency	
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				
Type of business	Private Company (Pty) Ltd Sole Proprietor	Personal Liability Company (Inc.) Other	Close Corporation (CC)	
Registration no (if app	plicable) or details if 'other'			
Please list the names and I.D. numbers of all directors / members / sole proprietors				
Name ID				

Please list the names, I.D. numbers or company registration numbers of all shareholders.
Name ID
Traile 10
Please indicate if any of the persons listed above or any organisation in which they have held a managerial position has 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?
Y N If yes, please provide full details.
Have any of the persons listed above been convicted of any criminal offence during the past 5 years?
Y N 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?
Y N 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?
Y N If yes, please provide full details.





#### **Contact details**

Physical address from which business is conducted			
Business tel	Cell		
Fax	Email		
Full postal address			
Website			

# Contact details for applicants

Main contact person
Email
Underwriting contact person
Email
Claims contact person
Email
Accounts contact person
Email

# Membership details

Please list any relevant memberships, including insurance/broker/underwriting association memberships:			
Branch	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? Y N	If Yes, advise:
Bank	Name of account holder
Branch	Account number





#### Facility/contract details

Please provide details of the top three insurance companies and/or Underwriting Management Agencies with whom the majority of your business is placed. Complete all three fields in full.		
Company name	Branch	
Contact person	Contact number	
Period of agreement		
Company name	Branch	
Contact person	Contact number	
Period of agreement		
Company name	Branch	
Contact person	Contact number	
Period of agreement		
List the names only of any other insurance compa	ny and/or underwriting agency with whom you place business	
1	2	
3	4	
5	6	
7	8	
Do you currently have a Compass Insure facility th Y N If yes, please provide full details.	rough any other Compass Insure Underwriting Management Agency?	
Tax Status		
Is the Company a registered taxpayer? Y	N	

Is the Company a registered taxpayer?	Υ	N	
Income tax number			VAT registration number

#### Financial Advisory and Intermediary Services Act

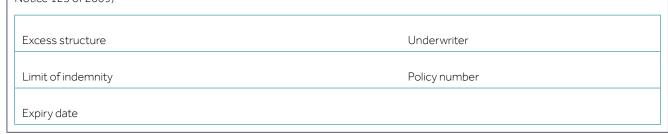
 $Please \ note that your \ application \ cannot \ be \ approved \ if \ you \ have \ not \ registered \ correctly \ in \ terms \ of \ FAIS.$ 

FSP licence number





Category (e.g. Cat I / II / IIA III / IV)	
Please specify the type of financial services that the stated FSP is reg details e.g. 1.2 (short-term insurance personal lines); 1.6 (short-term	
Are there any other conditions applicable for licence categories?	
Y N If the answer is Yes, please provide details of such co	inditions:
Name of registered Compliance Officer	
Email	
Business tel	Cell
Cover details	
Please attach supplementary proof (i.e. policy schedule or proof of co	over)
<b>Professional Indemnity Cover</b> (Compulsory for all FSP's in terms of Fidelity Insurance Cover for Providers, published in Board Notice 123 of Fidelity Insurance Cover for Providers, published in Board Notice 123 of Fidelity Insurance Cover for Providers, published in Board Notice 123 of Fidelity Insurance Cover for Providers, published in Board Notice 123 of Fidelity Insurance Cover for Providers, published in Board Notice 123 of Fidelity Insurance Cover for Providers, published in Board Notice 123 of Fidelity Insurance Cover for Providers, published in Board Notice 123 of Fidelity Insurance Cover for Providers, published in Board Notice 123 of Fidelity Insurance Cover for Providers, published Insurance Cover for Providers for Pr	
Excess structure	Underwriter
Limit of indemnity	Policy number
Expiry date	
<b>I.G.F. Cover</b> (compulsory if the intermediary is mandated as a credit i 45 of the Short-term Insurance Act read with Regulation 4 thereto)	ntermediary to receive and hold premium in terms of Section
Excess structure	Underwriter
Limit of indemnity	Policy number
Expiry date	
Please specify to which personnel the PI policy applies, e.g. only Direc	tors of the company or to all staff?
<b>Suitable Fidelity Insurance / Bank Guarantee</b> (compulsory, if the FS in terms of the Notice on Requirements for Professional Indemnity ar Notice 123 of 2009)	







# Declaration - personal service provider in terms of the Income Tax Act

Does the Company derive more than 80% of its annual income from 1 client only? Y N	
The Company employs 3 (three) or more full time employees who are not shareholders or members/directors of the Company?	
Y N	

#### **General declaration**

ne information contained herein is true and correct and shall form part of the agreement to be concluded between ompass Insure, the Underwriting Management Agency and the applicant.	
Proposal/declarations completed by	
Signature Date	
ne acceptance of this proposal is subject to the final approval of Compass Insure. Compass Insure will not accept responsibility cover until the agreement between the parties has been concluded and written confirmation has been issued	У

#### Office use

Date received at Compass Insure				
Proof of PI attached	Υ	Ν	Checked by	Approved by
Proof of IGF and FI attached	Υ	Ν	Checked by	Approved by



