

COMMERCIAL LINES INTERMEDIARY AGENCY APPLICATION



CENTRIQ
INSURANCE

Agent No: _____

I/We hereby apply for an intermediary agency with Centriq Insurance Company Limited.

To be used where the intermediary only has clients with an asset value or annual turnover above the threshold (currently R2 million)

Date of Application			
Agent/Broker Details			
Registered Business Name of Applicant			
Company Registration Number			
Vat Registration Number			
CONTACT DETAILS			
Business physical address <i>(Head Office)</i>			
		Code	
Business Postal Address <i>(Head Office)</i>			
		Code	
Business Tel Nr			
Business Fax Nr			
Contact Person		Cell Nr	
Contact Email address			
Website address			
PREVIOUS OPERATIONS			
Have you, your business or any of your business partners previously operated under any other trade name?		YES	NO
Specify Business Registration Names and period:			
TYPE OF LEGAL ENTITY			
Individual	YES	NO	
Partnership	YES	NO	
Registered Company	YES	NO	Reg. Nr.
Close Corporation	YES	NO	Reg. Nr.
Other - Describe			

BRANCH DETAILS *(Note: Each Branch must submit an agency application)*

Number of branches

Location of Branches

No. of years your organisation has been in existence

INDIVIDUALS / PARTNERSHIPS / OTHER SIMILAR

Name of individual or partner

ID Number

Profession / Occupation

Insurance Experience
(Field and years)

Qualifications

COMPANY / CLOSE CORPORATION / OTHER SIMILAR

Name of Company or Close Corporation

Date of Incorporation

Registration Number

Names of Directors / Members

Qualifications

Experience and fields

STAFFING LEVELS / STAFF CONTACT

Claims

No. of claims per person per month

Administration

No. of policies per person per month

Underwriting

No. of quotes per person per month

Other

Contact: Compliance Management

Contact: Policy Administration

Contact: Claims Administration

Contact: Premium Collection

VAT STATUS

Are you a Registered VAT Vendor?

YES

NO

VAT Number

Does your turnover exceed R300 000 p.a.?

POLICYHOLDER PROTECTION RULES (Complete if applicable)

Do you comply with PPR?	YES	NO	N/A
Details if not complying:			
Do you send statutory notices?	YES	NO	
Do you disclose admin fees?	YES	NO	
Do you disclose commissions?	YES	NO	

INSURANCE ACT: PREMIUM COLLECTION

An agent (*credit agency*) collecting premiums on behalf of an insurer must enter into a separate agreement with an insurer to do so and comply with the terms of the agreement.

Cash Agent	
Credit Agent	
Renewal date	

FAIS DETAILS

Are you registered in terms of the FAIS Act?	YES	NO
FAIS License Number		
Compliance Officer		
Are client funds held in a separate bank account?	YES	NO
Do the key individual/s of your organisation meet the FAIS fit and proper requirements?	YES	NO
Does your organisation meet the FAIS operational requirements?	YES	NO
Does your organisation comply with the FAIS financial soundness requirements?	YES	NO
Name of external auditor		
Name of responsible partner at external auditor		

Please describe / give details regarding the following procedures / operational processes / how the following is handled:

Storage and filing records	
FAIS compliance and reporting	
Recording of advice given	
Compliance with FICA	
Recording of complaints	
Complaints handling procedure	

Professional Indemnity	Have you arranged Professional Indemnity Insurance?		YES	NO
	PI Insurance Company Name			
	Limit of indemnity			
	Policy number <i>(attach copy of policy schedule)</i>			
	Renewal date			
	Previous claims experience			
Have you or any Partner / Director / Member ever been insolvent, under provisional liquidation or compromised with your creditors?	YES	NO	Details if yes:	
Have you or any Partner / Director / Member ever been found guilty of any crime, or are any civil or criminal legal proceedings in action against you or any Partner / Director / Member?	YES	NO	Details if yes:	
BANKING DETAILS – YOUR ACCOUNT				
Commission payable directly into your account?	YES		NO	
Name of Bank		Name of account		
Branch Name		Branch number		
Account number		Type of account	Cheque/Savings/Transmission	
BANKING DETAILS – CLIENT FUNDS ACCOUNT				
Premium collected directly into this account?	YES		NO	
Name of Bank		Name of account		
Branch Name		Branch number		
Account number		Type of account	Cheque/Savings/Transmission	
BUSINESS CONDUCTED BY YOUR ORGANISATION				
Do you conduct both life and non-life business <i>(Please 4)</i>	Non-life		Life	
Do you conduct any other activities apart from insurance business?	YES		NO	
Description of other business				

Kinds of insurance business (Please 4)	Type of Business		Period (If other than monthly or annual)		Monthly	Premium	R
					Annual		R
	Type of Business		Period (If other than monthly or annual)		Monthly	Premium	
					Annual		R
	Type of Business		Period (If other than monthly or annual)		Monthly	Premium	
					Annual		R
	Type of Business		Period (If other than monthly or annual)		Monthly	Premium	
					Annual		R

What kind / class of business would you like to introduce to Centriq?

Anticipated commencement date

Anticipated Gross Annual Premium

REMUNERATION

Commission	Motor	
	Non-motor	
	Life	

Any other charge to policyholders

REFERENCES

Are you conducting business on behalf of any other insurer(s) / underwriting managers? YES NO

If yes, please provide names

If your organisation is conducting business through another Centriq underwriting manager, please supply name/s

Kindly supply three references	COMPANY	CONTACT NAME	CONTACT NO.

Has your organisation or any organisation in which your key individuals have had an interest ever had its accreditation revoked by another insurer / underwriting manager YES NO

Details if yes

Have you previously been accredited by Centriq or a Centriq Underwriting Manager? YES NO

Names if yes

IT SYSTEMS

Software Package				
Details of functionality				
No. of policies administered				
Back-up	Daily	Weekly	Monthly	Other
Where is back-up stored?				
Does the system allow for full administration function?	YES	NO	Details if no:	

DECLARATION

We fully understand the implications of not complying with the FAIS Act, General Code of Conduct and other relevant subordinate legislation. We undertake to embed and evidence the TCF principles and outcomes to the extent that the outcomes apply and fall within our direct control.

We require the following supporting documents to process your application:

- ✓ Proof of Income Tax Number
- ✓ Proof of VAT Number if applicable
- ✓ Proof of Bank Account (cancelled cheque or letter from bank not older than 12 months)
- ✓ Proof of a separate Bank Account (If collecting premium)
- ✓ Copy of Professional Indemnity Schedule
- ✓ Copy of Fidelity Guarantee Schedule

This is merely an application. If your application is successful an intermediary contract will be issued directly between yourselves and Centriq Insurance Company Limited. Should you apply to collect premium, a separate premium collection mandate will be issued upon approval.

The above information is true and correct and all answers provided have been provided in full.

AUTHORISED SIGNATORY obo AGENCY

DATE

PRINT NAME