

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
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 applicable) or details if 'other'			
Please list the names and I.D. numbers of all directors / members / sole proprietors			
Name ID			
Name ID			
Name ID			
Name ID			
Name ID			

Please list the names, I.D. numbers or company registration numbers of all shareholders.

Name ID
Name ID
Name ID
Name ID
Name ID

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

Category (e.g. Cat I / II / IIA III / IV)	
Please specify the type of financial services that the stated FSP is registered to provide. 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? Y N If the answer is Yes, please provide details of such conditions:	
Name of registered Compliance Officer	
Email	
Business tel	Cell

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)

Excess structure	Underwriter
Limit of indemnity	Policy number
Expiry date	

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	Underwriter
Limit of indemnity	Policy number
Expiry date	

Please specify to which personnel the PI policy applies, e.g. only Directors of the company or to all staff?

Suitable Fidelity Insurance / Bank Guarantee (compulsory, if the FSP receives premiums or holds 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	

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

The Company does not derive more than 80% of its annual income from 1 (one) 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

The information contained herein is true and correct and shall form part of the agreement to be concluded between Compass Insure, the Underwriting Management Agency and the applicant.

Proposal/declarations completed by	
Signature	Date

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

Office use

Date received at Compass Insure				
Proof of PI attached	Y	N	Checked by	Approved by
Proof of IGF and FI attached	Y	N	Checked by	Approved by