



Broker Application

Please take note that this application cannot be processed if ALL fields and pages are not completed in full.

GENERAL

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

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 share holders

Name ID

Name ID

Name ID

Name ID

Name ID

HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

DIRECTORS R Gainsford (Executive Chairman), D Wilensky (Managing Director), V Hayter (Director), I Chindotana (Director)
Reg. No. 98/032655/07 | **VAT No.** 4380178113 | An authorised financial services provider, **FSP** 5072 | Underwritten by Guardrisk Insurance Company Limited
Head Office 11B Riley Road, Eastwood Office Park, Bedfordview | **Postal** P O Box 2253 Bedfordview 2008
Switchboard +27 11 455 5271 | **Fax** +27 11 450 4307 | **info@hicsa.co.za** | **www.hicsa.co.za**

COMPANY DETAILS

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?
provide full details.

If yes, please

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 tel

Cell

Fax

Email

Website

Postal and code

OTHER CONTACT DETAILS

Main contact person

Email

Underwriting contact person

Email

Claims contact person

Email

Accounts contact person

Email

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

Bank

Name of account holder

Branch

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

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 company and/or underwriting agency with whom you place business

1

2

3

4

5

6

7

8

Do you currently have a Compass facility through any other Compass Underwriting Manager?
provide full details.

If yes, please

TAX STATUS

Is the Company a registered taxpayer?

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)

What type of financial service the 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?
of such conditions

If the answer is Yes, please provide details

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

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

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

The Company employs 3 (three) or more full time employees who are not shareholders or members/directors of the Company.

GENERAL 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.

Proposal/declarations completed by

Signature

Date

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

Item

Checked by

Approved by

Date received at Compass

Proof of PI attached

Proof of IGF and FI attached
