



BROKER APPLICATION FORM

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	
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

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 sequestered 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? 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? 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

Postal and code

Website

Other Contact Details

Main contact person

Email

Underwriting contact person

Email

Claims contact person

Email

Other Contact Details

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	

Facility/Contract Details

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? If YES, please provide details below.

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

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	

Cover Details

Please attach supplementary proof (i.e. policy schedule or proof of cover)

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		