

Broker Agency Application Form

Please take note that this application can't be processed if all fields and pages are not completed in full.

Date		
Company details		
Name in full, including current trading name:		
Previous trading names, agencies or brokers with whom you have been associated:		
Type of business – tick as appropriate		
Limited liability company	<input type="checkbox"/>	Registration Number
Close corporation	<input type="checkbox"/>	Registration Number
Sole proprietor	<input type="checkbox"/>	I.D Number
Partnership	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Please give details
Tax Status		
Are you a provisional taxpayer?		
Do you pay on PAYE system?		
Income tax number		
VAT/Registration number		
Contact Details		
Telephone Number		
Fax Number		
E-mail address		
Web site address		
Postal address		Code
Physical address from which business is conducted		
		Code
Date business was established or incorporated		
Date of inception of present management		
Please list all directors		
1.	Name & Surname ID number Mobile number E-mail address Employment date	2. Name & Surname ID number Mobile number E-mail address Employment date

Phone 08610-CARES visit www.hcv.co.za or email heavies@hcv.co.za ■ Directors RJ Symmonds, C Barry

Johannesburg Unit B 43 Empire Road Parktown 2193 ■ PO Box 61379 Marshalltown 2107 ■ Tel 011 628 3000 Admin Fax 086 538 0958 Claims Fax 086 538 0906

Cape Town Unit B3B Cinsaut House The Vineyards Office Estate 99 Jip de Jager Drive Bellville 7530 ■ PO Box 6247 Welgemoed 7538 ■ Tel 021 913 1101 Fax 086 537 7105

Durban 29 Claribel Road Morningside Durban 4001 ■ PO Box 47081 Greyville 4023 ■ Tel 031 312 1304 Fax 086 538 3020

Port Elizabeth 13 Tulip Street Sunridge Park Port Elizabeth 6045 ■ Tel 041 360 9842 Fax 086 537 9488

The Heavy Commercial Vehicle Underwriting Managers (Pty) Limited (HCV) product offering is underwritten by Lombard Insurance Company Limited

Registration Number 1990/001253/06 ■ VAT Number 4360121331

HCV is an authorised financial services provider ■ FSP Licence Number 9853 ■ Registration Number 1995/010667/07 ■ VAT Number 4950187627

3.	Name & Surname ID number Mobile number E-mail address Employment date	4.	Name & Surname ID number Mobile number E-mail address Employment date
Please list all shareholders			
1.	Name & Surname ID number Mobile number E-mail address Employment date	2.	Name & Surname ID number Mobile number E-mail address Employment date
3.	Name & Surname ID number Mobile number E-mail address Employment date	4.	Name & Surname ID number Mobile number E-mail address Employment date
Please list all members			
1.	Name & Surname ID number Mobile number E-mail address Employment date	2.	Name & Surname ID number Mobile number E-mail address Employment date
3.	Name & Surname ID number Mobile number E-mail address Employment date	4.	Name & Surname ID number Mobile number E-mail address Employment date
Please list partners			
1.	Name & Surname ID number Mobile number E-mail address Employment date	2.	Name & Surname ID number Mobile number E-mail address Employment date
3.	Name & Surname ID number Mobile number E-mail address Employment date	4.	Name & Surname ID number Mobile number E-mail address Employment date
Credit History			
Have any of the persons listed above, ever been declared insolvent, placed in liquidation whether provisional or final or reached a compromise with creditors. If yes, give details / explanation			
Do any of these persons have any defaults and/or judgements against them?			

Criminal Records			
Have any of the persons listed above, have any pending or criminal convictions or paid an admission of guilt fine other than speeding or parking offences? If yes, please provide full details			
Other Material Facts			
Is there any material fact that is likely to influence the assessment of this application which will affect the decision Heavy Commercial Vehicle Underwriting Managers (Pty) Ltd underwritten by Lombard Insurance Company Limited makes with regard to whether we do business with you or not. If you are in any doubt as to whether a fact would be considered material you should declare/explain it anyway to enable us to make an informed decision. Where necessary or possible, provide proof to substantiate your explanation/declaration. All the information that we request in this application is material. Please give details			
Supporting Information			
Please note any relevant information or attach any document to support this application			
Has the company or any of the Partners/Members/Directors had any insurance agency cancelled? If so give details			
Are you a member of a Brokers Association or any professional insurance bodies? If so give details			
Membership details			
State any insurance/broker/underwriting association related membership			
Association		Membership number	
Association		Membership number	
Banking details			
Name of bank		Branch name	
Branch code		Account type	
Account number		Account Name	
Have you changed bankers over the last 2 years, if Yes please advise	Yes	No	
Bank Name			
Branch Name			
Name of account holder			
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.			
Company name			
Branch			
Contact person			
Contact number			
Period of agreement			
Monthly premium			
YTD loss ratio			

List the names of any insurance company and/or underwriting agency with whom you place business:		
1.		6.
2.		7.
3.		8.
4.		9.
5.		10.
Cover Details: <i>(Proof must be attached)</i>		
Professional Indemnity Cover (Compulsory)		I.G.F. Cover
Underwriter		Underwriter
Limit of indemnity		Limit of cover
Policy number		Policy number
Expiry date		Expiry date
Who is covered under the PI policy, e.g. only Directors, all staff? Please specify		
Technical details of all key individuals and representatives As detailed in your FAIS license application		
Number of employees		
Employee	Short term insurance Experience	Short term insurance related qualifications
FAIS license details <i>(Copy of FAIS license must be attached to complete process)</i>		
Date license obtained		
License number		
What categories of business are you licensed for?		
Who is your Compliance Officer?		
Amount of business to be placed at inception	Amount of business within six months	Amount of business after 12 months

I hereby authorise HCV Underwriting Managers (Pty) Limited underwritten by Lombard Insurance Company Limited to send trucking/driving tips directly to Policyholders periodically via sms.

Application completed by _____ (Name & Surname in block letters)

Signed _____ Capacity _____ Date _____

Important notice:

The acceptance of this proposal is subject to the final approval of Lombard Insurance Company Limited.
Lombard Insurance Company Limited will not accept responsibility for cover until written confirmation has been issued.

Commitment to the following principles

This Agency Agreement is being entered into on the clear understanding of the following principles, which are of critical importance.

Both parties themselves to conduct their affairs in accordance with all prevailing legislation, but over and above that, undertake to maintain high standards of honesty, integrity and transparency in their dealings with each other.

1. Both parties agree to maintain good administration and accounting standards. Both parties recognize that inefficiency in these areas ultimately results in problems for the business and the mutual relationship.
2. Both parties agree to work together for the mutual benefit of profit for all concerned, whilst never compromising fair dealing, honesty and speedy service to the insured.

In the event of these principles being breached, either party has the right to give notice to the other cancelling the agreement with immediate effect.

You acknowledge that the sharing of information (including credit information) relating to intermediaries by Insurers is essential to enable the Insurance Industry to manage the business and to reduce the incidence of fraud, in the public interest. On behalf of yourself and on behalf of any person you represent herein, you hereby waive any right to privacy in any information provided by you or on your behalf in respect of the application to become an intermediary and you consent to such information being disclosed to any other insurance company or its agent. You also acknowledge that the information provided by you may be verified against other legitimate sources or databases. You also waive any rights of privacy and consent to the disclosure of any information relevant to this application concerning yourself.

We hereby apply for appointment as Intermediaries in terms of the Independent Intermediaries Agreement and undertake to be bound by the terms and conditions thereof. We confirm that all of the information contained herein is true and correct and undertake to advise of any material changes that may in the future occur.

Signed _____ Capacity _____ Date _____