



Constantia Insurance Company Ltd.

Vat No: 4920108935
P O Box 3518, Cramerview, 2060
Tel: (011) 686-4200 / Fax: (011) 789-8828 / E-mail: info@constantigroup.co.za / www.constantigroup.co.za

BROKER APPLICATION FORM

Please take note that this application cannot be processed until ALL fields and pages (5) are completed in full.

We warrant the truthfulness of the information below and confirm our understanding and agreement that this information is the basis of any agency agreement which may result. We confirm that no material information regarding this application has been withheld or not disclosed.

COMMITMENT TO THE FOLLOWING PRINCIPLES:

This Agency Agreement is being entered into on the clear understanding of the following three principles which are of critical importance to Constantia Insurance Company Limited (CICL) and its possible business relationship with the applicant.

1. 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.
2. Both parties agree to maintain good administration, accounting and “back-office” standards. Both parties recognise that inefficiency in these areas ultimately results in problems for the business and the mutual relationship.
3. Both parties agree to work together for the mutual benefit of profit for all concerned (broker and CICL) whilst never compromising fair dealing, honesty and speedy service to the insured.
4. In addition to this completed document we will need a copy of your current P.I. Certificate and if you collect premiums a copy of your I.G.F. Certificate

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.

BROKER APPLICATION FORM

(NB - This application CANNOT BE PROCESSED unless ALL fields are completed in full)

COMPANY DETAILS	
Name <i>in full</i> , including current trading title, if any	
Previous trading names, agencies or brokers with whom you have been associated	

Type of business		
Limited liability Company or Close Corporation	Registration no	
Partnership or Sole Proprietor		

CONTACT DETAILS			
Physical address from which business is conducted			
			Post code
Postal address			
			Post code
Tel. no.	()	Cell. no.	Fax no. ()
E-mail address			
Web site address			

FINANCIAL ADVISERS & INTERMEDIARY SERVICES ACT INFORMATION			
FAIS Licence No.		Category	
Exemptions			
Compliance Officer			
Name		Phone	()
Fax	()	email	
Postal Address			

Please list the names, I.D. numbers and occupations of all directors, members or partners			
	Name	I.D. number	Occupation
1.			
2.			
3.			
4.			



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 ten years or is there any civil or criminal litigation pending against them? 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.

Date business was established or incorporated	
Date of inception of present management	

State any insurance/broker/underwriting association related membership	
Association	
Association	
Association	

BANKING DETAILS (Proof required)	
Name of bank	
Branch	
Branch code	
Account type	
Account number	
Account holder	

Have you changed bankers during the last two years, if Yes please advise	YES	NO
Bank	Name of account holder	Account number



FACILITY/CONTRACT DETAILS			
List details of 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 other insurance company and/or underwriting agency with whom you place business	

TAX STATUS			
Are you a provisional tax payer?	YES	NO	
Do you pay on PAYE system?	YES	NO	
Income tax number			
VAT registration number			

INSURANCE COVER DETAILS (Please attach supplementary proof)			
Professional Indemnity Cover (Compulsory)		I.G.F. Cover	
Underwriter		Underwriter	
Limit of indemnity		Limit of cover	
Policy number		Policy number	
Inception Date		Inception Date	
Expiry date		Expiry date	
Who is covered under the PI policy, e.g. only Directors, all staff? Please specify			
Details of Insurance operating system i.e. Grail, CIMS, Flexibroker			

LEGAL
Details of all current legal matters including, but not limited to, any proposed sale of business, commercial legal disputes or FAIS complaints received or entertained within the last three years.



TECHNICAL DETAILS OF EMPLOYEES		
Number of employees		
Employee	Short term insurance Experience	Short term insurance related qualifications

Amount of business to be placed at inception	Amount of business within 6 months of inception	Amount of business after 12 months
R	R	R

WHERE DO YOU OBTAIN / SOURCE BUSINESS?			
Do you obtain business via any sub brokers?	YES		NO
Please supply full details of all sub brokers on a separate sheet, giving all contact details			

Application completed by (block letters)	Signature	Date

By your signature hereto, you hereby consent and authorize Constantia Insurance Company Limited to furnish any consumer credit information to any registered credit bureau or other credit provider, and agree that they may request information concerning the Company and any of its Shareholders/Members/Directors and or employee’s from any registered credit bureau or any credit provider in order for Constantia Insurance Company Limited to conduct a credit assessment or affordability assessment in respect of the Company and any of its Shareholders/Members/Directors and or employees.

The acceptance of this application is subject to the approval of Constantia Insurance Company Ltd. No risks will be undertaken until written confirmation of acceptance has been given.

Office Use		
Date received at Constantia	Checked by Marketing	Approved by
Proof of PI attached	Date	Date

Processed by			
Date		Inception date of facility	

