

HORIZON UNDERWRITING MANAGERS (PTY) LTD

INTERMEDIARY APPLICATION FORM

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

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:

Tax Status

Is the Company a registered taxpayer?

YES

NO

Income Tax no.

VAT Registration no.

Form of business – tick as appropriate:

Proprietary limited company

Registration no:

Limited liability company

Registration no:

Close corporation

Registration no:

Partnership:

Sole proprietor:

Other

Please give details:

Have you 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 No:

Facsimile No:

Mobile No:

Postal Address:

Postal Code:

E-Mail Address:

Website Address:

OTHER CONTACT DETAILS			
Main Contact Person:		E-Mail Address:	
Underwriting Contact Person:		E-Mail Address:	
Claims Contact Person:		E-Mail Address:	
Accounts Contact Person:		E-Mail Address:	
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:		Yes	No
Bank:		Name of account holder:	
Bank:		Account number:	
FACILITY/CONTRACT DETAILS			
List the names only of any other insurance company and/or underwriting agency with whom you place business:			
1.		4.	
2.		5.	
3.		6.	
Do you currently have any other facility through Lombard Insurance or its agencies?		Yes	No
If YES, please provide details below:			
FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT			
PLEASE NOTE THAT YOUR APPLICATION CANNOT BE APPROVED IF YOU HAVE NOT REGISTERED CORRECTLY IN TERMS OF THE FAIS ACT.			
Please provide your FSP licence number and Category (e.g. Cat I / II / IIA III / IV)		Licence no.:	Category:
Please mark type of financial service the FSP is registered to provide:		Advice (A):	Intermediary Service (B):
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: Yes / No		
If the answer is Yes, please provide details of such conditions:		
Name of registered Compliance Officer:		
Contact Details (e-mail address):	(Business no.)	(Mobile no.)
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)		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:		Excess structure:
Underwriter:		Underwriter:
Limit of indemnity:		Limit of indemnity:
Policy number:		Policy number:
Expiry date:		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:		
Any other relevant information:		
Proposal completed by (block letters):		
Signature:		Date: / /
DECLARATION		
The information contained herein is true and correct and shall form part of the agreement to be concluded between Horizon Underwriting Managers and the independent intermediary.		
Important notice: The acceptance of this proposal is subject to the final approval of Horizon Underwriting Managers. Horizon Underwriting Managers will not accept responsibility for cover until written confirmation has been issued and the agreement between the parties have been concluded.		
OFFICE USE		
Date received at Horizon	Checked by	Approved by
Proof of PI attached	Checked by	Approved by
Proof of I.G.F and FI attached	Checked by	Approved by
	Date: / /	Date: / /