

# Application for Agency Facilities

Please return your completed application to the address at the bottom of this form.

## 1. Company Details

Full Trading Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## 2. Nature of Business / Occupation

\_\_\_\_\_

\_\_\_\_\_

## 3. Firm Status & Background

Are you a registered insurance broker/intermediary/agent in the country(s) in which you operate? Yes  No

If yes please state:

Name of regulatory authority: \_\_\_\_\_ Date of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

Required information in all cases:

Number of years established: \_\_\_\_\_ Number of employees incl directors: \_\_\_\_\_ Number of client/sales advisors: \_\_\_\_\_

If you have been established for less than 3 years please state :

Name of previous employer: \_\_\_\_\_ Duration of employment: \_\_\_\_\_

Contact individual: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Do you have professional indemnity cover? yes  no  If yes please supply a copy of your certificate with this application.

## 4. Market Background

In which countries /regions do you operate? \_\_\_\_\_

How long have you been involved in the sale of international medical insurance? \_\_\_\_\_

Please indicate in which range your annual premium income for international medical insurance best fits:

£0-£50k  £50-£100k  £100K +

Please indicate the approximate split of your business:

Individual \_\_\_\_\_ % Group \_\_\_\_\_ %

What is your estimate for the production of new business for Morgan Price in the next 12 months?

Premium Income £ \_\_\_\_\_

Please list the other medical insurance companies that you represent?

\_\_\_\_\_

\_\_\_\_\_

Please advise if you have any special arrangements with any of the companies listed above – and if so what they are?

## 5. References/Current Agencies

Please provide two organisations that will act as referees for you in this application.

Name: \_\_\_\_\_ Agency start date: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Agency start date: \_\_\_\_\_

Address: \_\_\_\_\_

## 6. Criminal convictions & Bankruptcy

If you are regulated in the UK by the FSA, do not complete this section.

Have you ever been convicted of a criminal offence? Yes  No  if yes give details

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Are you involved in any current or pending legal proceedings against yourself or your company? yes  no  if yes give details

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Have you personally or has any company owned or managed or in any way connected with you ever been involved in bankruptcy or criminal proceedings?  
yes  no  if yes give details

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Have you ever had an insurance agency refused or withdrawn? yes  no  if yes give details.

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## 7. Bank details (for commission payments)

Name of bank:

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Address of bank:

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Telephone number:

Fax number:

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Account name:

BIC/Swift Code:

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GB Pounds £ Acct number:

---

Sort code:

Iban Number:

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US Dollars \$ Acct number:

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Sort code:

Iban Number:

---

Euro € Acct Number:

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Sort code:

Iban Number:

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## 8. Company contacts

Director/MD:

Name:

Address:

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Tel:

Fax:

Email:

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Main Sales Contact:

Name:

Address:

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Tel:

Fax:

Email:

---

Main Administration contact:

Name:

Address:

---

Tel:

Fax:

Email:

---

Accounts contact:

Name:

Address:

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Tel:

Fax:

Email:

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## 9. Declaration

I / We submit this application for the Morgan Price Network Agency and authorise Morgan Price to make any enquiries and contact any individual whose name we have provided in connection with this application for the purpose of this application being considered.

I/we declare that the information is true and complete to the best of my/our knowledge;

I/we understand that Morgan Price will notify us in writing of our appointment or otherwise and that agency facilities (if granted) will not take effect until that time;

I / we understand and agree to abide by the terms of any Morgan Price Network Agency Agreement (as amended from time to time).

Signed:

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On behalf of:

Position:

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Name in Block Capitals:

Date:

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