

Agent Facilities

Application Form



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

1 Company Details

Full Trading Name		
Company address		Post/Zip code
Phone	Fax	Email

2 Nature of Business / Occupation

3 Firm Status & Background

Are you a registered insurance broker / intermediary / agent in the countries which you operate? Yes No

If yes, please state:

Name of regulatory authority	
Date of registration	Registration number

Required in all cases:

No. of years established	No. of employees incl. directors	No. of client/sales advisors
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If you have been established for less than 3 years, please state:

Name of previous employer	Duration of employment	
Contact individual	Address	
Phone	Fax	Email

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 £50K-£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 FCA, do not complete this section.

Have you ever been convicted of a criminal offence? Yes No

If yes, give details _____

6 Criminal Convictions & Bankruptcy (continued)

Are you involved in any current or pending legal proceedings against yourself or your company?	Yes	No
<hr/>		
If yes, give details	<hr/>	
Have you/has any company owned/managed/connected with you been involved in bankruptcy or criminal proceedings?	Yes	No
<hr/>		
If yes, give details	<hr/>	
Have you ever had an insurance agency refused or withdrawn?	Yes	No
<hr/>		
If yes, give details	<hr/>	

7 Bank Details (for commission payments)

Name of Bank		<hr/>	
Address of Bank			
<hr/>			
Telephone Number	Fax Number	<hr/>	
Account Name	BIC/Swift Code	<hr/>	
GB Pounds £ Acct number			
<hr/>			
Sort Code	Iban Number	<hr/>	
US Dollars \$ Acct number			
<hr/>			
Sort Code	Iban Number	<hr/>	
Euro € Acct Number			
<hr/>			
Sort Code	Iban Number	<hr/>	

8 Company Contacts

Director/MD:

Name	Address		
<hr/>			
Telephone Number	Fax	Email	
<hr/>			

8 Company Contacts (continued)

Main Sales Contact:

Name	Address	
Telephone Number	Fax	Email

Main Administration Contact:

Name	Address	
Telephone Number	Fax	Email

Accounts Contact:

Name	Address	
Telephone Number	Fax	Email

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).

Name in Block Capitals _____

Authorised Signature	Date
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On behalf of _____

Position _____

Please return form to: Morgan Price International Healthcare Ltd, 2 Penfold Drive, Gateway 11, Wymondham, Norfolk. NR18 0WZ. United Kingdom.