

Intermediary Application

If you have any questions regarding this Application Form, please telephone +44 (0)20 7590 8800 or send us a fax on +44 (0)20 7590 8815 or alternatively sent us an e-mail at brokers@healthcareinternational.com. Please complete the form using BLOCK CAPITALS. All information provided in this application will be treated in the strictest confidence and will not be divulged to any other parties outside of HealthCare International Global Network Limited. Please return this completed form to HealthCare International Global Network Limited, Intermediary Sales, 160 Brompton Road, London SW3 1HW, United Kingdom.

1. Registered and Trading Name

2. Registration Number

3. Registered Address

4. Business / Mailing Address

5. Membership of Professional Associations and/or Regulatory Bodies

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Intermediary Application – Continued

6. Has the Company or any of its Directors, Officers and/or Partners ever had an Agency Agreement refused or cancelled by another insurance Company ?

If yes, please give details and the name of the insurance company

7. Have any of the Company's Directors, Officers and/or Partners ever committed any act of bankruptcy, become insolvent, gone into liquidation or had an administrator or receiver appointed ?

If yes, please give details

8. How many years has the Company been established ?

Yrs

9. How many people will be selling HealthCare International products ?

10. Please state the total number of agencies held with other medical/health insurance companies and/or agencies and with whom ?

Insurer / Agency Name

Annual Gross Premium Income Generated US-\$

Insurer / Agency Name

Annual Gross Premium Income Generated US-\$

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Intermediary Application – Continued

Insurer / Agency Name

Annual Gross Premium Income Generated US-\$

11. Please provide details of your professional indemnity cover and enclose a copy of your current policy schedule.

12. Please provide details of your principle bankers. (This is for reference purposes only)

Bank

Account Name & Number

Sort Code

Address where Account is held & facsimile number

Contact Name

8. How long have you held the above Account ?

Yrs

13. Please provide details of any representative(s) not employed on a full-time basis, whom you would wish to appoint as a sub-agent to sell HealthCare International products and services for and on behalf of you Company.

Representative Name

No. of years experience selling medical insurance products and services

Yrs

Address

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Intermediary Application – Continued

Representative Name

No. of years experience selling medical insurance products and services

Yrs

Address

Representative Name

No. of years experience selling medical insurance products and services

Yrs

Address

15. In order to provide you with the best possible service and the most suitable products and services appropriate to your lines of business, please detail below your expected new business volumes for the next twelve months with HealthCare International.

Individual
US-\$

Small / Medium Corporate
US-\$

Large Corporate
US-\$

DECLARATION

I/we submit this Appointed Intermediary Application form and agree to any enquiries that HealthCare International Global Network Limited may consider necessary in order for this application to be considered. I/we declare that the information given are to the best of my/our knowledge true and complete. I/we understand and agree to abide and adhere to the terms and conditions as set out in the Appointed Intermediary Agreement and which may be amended from time to time in writing by HealthCare International Global Network Limited.

Name

Title

Signed

Date

Healthcare International Global Network Limited
Intermediary Sales, 160 Brompton Road, London SW3 1HW, United Kingdom

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e-mail : brokers@healthcareinternational.com

web : www.healthcareinternational.com