

## Intermediary Application

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.

If you have any questions regarding this Application Form, please e-mail us at [brokers@healthcareinternational.com](mailto:brokers@healthcareinternational.com) or telephone us on +44 (0)20 7590 8800.

Please return this completed form via email to [brokers@healthcareinternational.com](mailto:brokers@healthcareinternational.com), facsimile on +44 (0)20 7590 8815 or post the form to:  
 HealthCare International Global Network Limited,  
 Intermediary Sales,  
 95 Cromwell Road,  
 London, SW7 4DL,  
 United Kingdom

1. Registered and Trading Name \_\_\_\_\_
2. Registration Number \_\_\_\_\_
3. Contact Details Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
4. Website Address (http://) \_\_\_\_\_
5. Registered Address \_\_\_\_\_  
 \_\_\_\_\_
6. Business / Mailing Address \_\_\_\_\_  
 \_\_\_\_\_
7. Membership of Professional Associations and/or Regulatory Bodies \_\_\_\_\_  
 \_\_\_\_\_
8. 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  
 \_\_\_\_\_  
 \_\_\_\_\_
9. 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  
 \_\_\_\_\_  
 \_\_\_\_\_
10. How many years has the Company been established? \_\_\_\_\_ Years
11. How many people will be selling HealthCare International products? \_\_\_\_\_

12. 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-\$

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

14. Please provide details of your principle bankers. (This is for paying commissions)

Bank \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_

Address where Account is held \_\_\_\_\_

\_\_\_\_\_

Contact Name \_\_\_\_\_ Fax \_\_\_\_\_

How long have you held the above Account ? \_\_\_\_\_ Years

15. 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 your Company.

Representative Name \_\_\_\_\_

No. of years experience selling medical insurance products and services ? \_\_\_\_\_ Years

Address \_\_\_\_\_

\_\_\_\_\_

Representative Name \_\_\_\_\_

No. of years experience selling medical insurance products and services ? \_\_\_\_\_ Years

Address \_\_\_\_\_

\_\_\_\_\_

Representative Name \_\_\_\_\_

No. of years experience selling medical insurance products and services ? \_\_\_\_\_ Years

Address \_\_\_\_\_

\_\_\_\_\_

16. 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.*

*I/we authorise HealthCare International Global Network Limited to contact any individual or entity whose name has been provided in this application for the purpose of verifying the accuracy of the information supplied.*

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please Send Application Form To The HealthCare International UK Administration Office**