Allianz Care

Application Form

BROKER/INTERMEDIARY

If you choose to complete a paper version of this form, please complete this form in **BLOCK CAPITALS**.

1 Broker / intermediary contact details

Full trading name

Contact name(s)

Registered trading address

Office telephone COUNTRY CODE AREA CODE

Fax COUNTRY CODE AREA CODE

Email address

Website

Please provide us with a list of names and job titles of all the brokers/ intermediaries who will be selling Allianz Care products:

Mr.☐ Mrs.☐ Ms.☐ Miss☐ Other

First name

Surname

Job title

Mr.☐ Mrs.☐ Ms.☐ Miss☐ Other

First name

Surname

Job title

Mr.☐ Mrs.☐ Ms.☐ Miss☐ Other

First name

Surname

Job title

Mr.☐ Mrs.☐ Ms.☐ Miss☐ Other

First name

Surname

Job title

Mr.☐ Mrs.☐ Ms.☐ Miss☐ Other

First name

Surname

Job title

Mr.☐ Mrs.☐ Ms.☐ Miss☐ Other

First name

Surname

Job title

If there is insufficient space for all brokers, please use another Application Form.

Please provide us with details of the contact person for general enquiries (e.g. commission statements):

First name

Surname

Email address

2 Executive directors/partners

We want to ensure that when we contact your business that we always speak to the right person and offer information on the products most relevant to them.
Please provide the full name and position in the company or firm of any executive directors, partners (if applicable) and client contact staff.

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
First name
Surname
Position in the company

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
First name
Surname
Position in the company

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
First name
Surname
Position in the company

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
First name
Surname
Position in the company

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
First name
Surname
Position in the company

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
First name
Surname
Position in the company

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
First name
Surname
Position in the company

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
First name
Surname
Position in the company

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other
First name
Surname
Position in the company

If there is insufficient space for all executive directors/partners, please use another Broker/Intermediary Application Form.

3 Business details

3.1 How many years has the business been established?

3.2 Please provide the registration number

3.3 If it is a partnership, when was it formed? D D / M M / Y Y Y Y

3.4 Has the firm ever traded under any other title? Yes ☐ No ☐

If yes, please give details:

Title

Business

3.5 (i) Is your firm a member of any professional body? Yes ☐ No ☐

If yes, please give details:

Name of body

Registration/authorisation number

Date of joining D D / M M / Y Y Y Y

(ii) Is your firm a member of any self regulating organisation? Yes ☐ No ☐

If yes, please give details:

Name of organisation

Registration/authorisation number

Date of joining D D / M M / Y Y Y Y

3.6 Has any Insurer or Professional Body ever:

(i) Refused your account facilities/membership? Yes ☐ No ☐

If yes, please give details:

Name of insurer/body

Date of refusal D D / M M / Y Y Y Y

(ii) Cancelled or withdrawn your account facilities/membership? Yes ☐ No ☐

If yes, please give details:

Name of insurer/body

Date of withdrawal/cancellation D D / M M / Y Y Y Y

Reason

3.7 Please insert the name and address of your Regulator:

Name

Address

Date of authorisation D D / M M / Y Y Y Y

☐ I confirm that I have included a copy of the authorisation with this application.

I also confirm that my authorisation covers the following insurance classes:

☐ Health

☐ Life

☐ Accidental Death and Dismemberment

☐ Terminal Illness

☐ Disability

☐ Other (Please give details)

3.8 Does your firm have a Professional Indemnity Policy in place? Yes ☐ No ☐

If yes, please give details:

Name of underwriter

Limit of indemnity

Policy period from D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

3.9 If applicable, please provide details of all engagements/appointments held with other insurance companies for reference purposes:

4 Legal information

Has your firm or any of the persons listed in sections 1 and 2 of this form:

4.1 Become subject to an **adverse finding**, whether past or pending, by a regulatory, trade, professional, public, industry or consumer body, or by any tax or government authority? Yes ☐ No ☐

4.2 Been the subject of any **bankruptcy** or **insolvency proceedings**? Yes ☐ No ☐

4.3 Been refused, suspended, withdrawn, or made subject to any non standard conditions or restrictions any licence, permission or authorisation to do any type of business? Yes ☐ No ☐

4.4 Been a **defendant in any civil proceedings**, or party to any **arbitration** in relation to any **financial business** or the subject of **any criminal proceedings**? Yes ☐ No ☐

4.5 Ceased trading in circumstances in which one or more of your/their creditors did **not receive full payment**? Yes ☐ No ☐

4.6 Been **disqualified** from acting as a director of a company, or from acting on the management or conduct of affairs of any company, partnership or unincorporated association? Yes ☐ No ☐

4.7 Been **convicted of a criminal offence**? (aside from car parking and careless driving offences) Yes ☐ No ☐

4.8 Been charged with any offence involving **violence, fraud**, or **other criminal behaviour**? Yes ☐ No ☐

4.9 Been involved, in any dishonest undertaking or behaviour with regards to your professional activity? Yes ☐ No ☐

4.10 Had an application to represent an insurance office **refused**, or a previous contract **cancelled**? Yes ☐ No ☐

4.11 Been subject to censure under any disciplinary proceedings of any regulatory authority? Yes ☐ No ☐

If the answer to any of these questions is yes, please give full details below (please use a separate sheet if necessary).

Question number	Details

If there is insufficient space for additional details, please use another Broker/Intermediary Application Form.

5 Anti corruption

Have you/your firm or any of the persons listed in sections 1 and 2 of this form:

5.1 Been convicted of violations of Anti-Bribery Laws in the past five years? Yes ☐ No ☐

5.2 Had any business relationship with another company terminated in the last five years? Yes ☐ No ☐

If yes, please give reasons why the relationship was terminated:

5.3 Are you/your firm or any of the persons listed in sections 1 and 2 of this form located outside of the country in which services are to be provided? Yes ☐ No ☐

6 Payment details

Commissions are normally paid by **bank transfer to your bank account** and we then issue a **separate statement to you**. If your bank is **within the EU, or if your specific country requires an IBAN (e.g. Qatar, Saudi Arabia, Angola, Tunisia, Turkey)**, please supply **both** your IBAN and BIC/Swift code to facilitate the payment of your commission. Please give the following details, including one preferred default currency, to ensure the smooth transfer of your funds:

Currency: ☐ GBP ☐ Euro ☐ US Dollar ☐ CHF

Account name

Account number

IBAN (where required)

Sort/branch code

Swift/BIC code

Bank name

Bank address

Additional details

If you are aware of any additional information required in order to process international transactions within your country, (e.g. Intermediary Code, Tax ID) please list below:

Swift code of intermediary bank (where applicable):

Currency: ☐ GBP ☐ Euro ☐ US Dollar ☐ CHF

Account name

Account number

IBAN (where required)

Sort/branch code

Swift/BIC code

Bank name

Bank address

Additional details

If you are aware of any additional information required in order to process international transactions within your country, (e.g. Intermediary Code, Tax ID) please list below:

Swift code of intermediary bank (where applicable):

7 Declaration

I/We declare the information given is correct and that all information relevant to this application has been disclosed. I/We hereby apply as an independent broker for the introduction of private insurance to Allianz Care on their standard appointment terms (which may change from time to time).

I/We authorise Allianz Care to make such other enquiries as deemed necessary in consideration of this application. I/We understand that the appointment, if granted, may be terminated by either party without reason subject to the standard appointment terms.

When operating as an independent intermediary, I/we undertake to maintain in force professional indemnity insurance cover.

I/We understand that information supplied to Allianz Care will become part of the data held by Allianz Care in accordance with the General Data Protection Regulation (GDPR).

I/We confirm that all relevant employees of the firm named in this form meet the applicable minimum qualification and competency requirements imposed by the competent regulator.

All information provided in this application will be treated in the strictest confidence and will not be divulged to any other parties outside the Allianz Care network.

Signature of principal director ☐/partner ☐ (please check as appropriate)

Name (in BLOCK CAPITALS)

Date D D / M M / Y Y Y Y

Please return your fully completed form by:

Email: sales@allianzworldwidecare.com

Fax : + 353 1 630 1399

Post: Sales Support
Allianz Care
15 Joyce Way
Park West Business Campus
Nangor Road
Dublin 12, Ireland

Sales Support Tel: + 353 1 514 8442

For further information regarding any of our products please call our Sales Support Team, or simply visit our website: **www.allianzcare.com**

www.facebook.com/AllianzCare/
www.linkedin.com/company/allianz-care
www.youtube.com/c/allianzcare
www.instagram.com/allianzcare/
twitter.com/AllianzCare

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