

GENRIC Insurance Company Limited

Reg. no 2005/037828/06
 www.genric.co.za

Agency Application

Agency Code	
FSP Licence #	

IMPORTANT INFORMATION

1. Required Documentation

Please note that in order to expedite your application the following documentation is required in addition to this application form:

- Complete copy of the FSP Licence
- Copy of certificate of Incorporation of the Company or CC
- Copy of the Professional Indemnity Schedule
- Copy of the Intermediary Guarantee Facility (IGF), if applicable
- Certified copy of a Key Individual's Identity Document
- Copy of a cancelled cheque or confirmation letter from the bank
- Copy of Tax Clearance Certificate of Good Standing
- Resolution indicating authorised signatory/ies of the applicant (if applicable)

2. Mandatory fields are indicated with an asterisk (*), should these fields not be completed the agency cannot be processed.

3. Confidentiality

All information provided in this document will be treated in the strictest confidence

1. *BUSINESS DETAILS

Name in full, including trading title, if any	
Type of business (tick as appropriate)	
<input type="checkbox"/>	Limited Liability Company (please state registration no)
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Close Corporation (please state C.K. no)
<input type="checkbox"/>	Other

9. INSURANCE COMPANIES

Give below the names and branch address of the three insurance companies with whom you have an agency

Company	Branch	Premium volume

10. *BUSINESS STRUCTURES & PLANS

Please indicate the classes of business you intend placing business with us

Class of Business	Volume (R)
Property and Casualty	
Health and Accident	
Motor related	
HCV & GIT	
Aviation	
Legal	
Specie and Cash in Transit	
Security Industry Covers	
Other (indicate)	

11. *TYPE OF AGENCY REQUESTED

11.1. **CASH AGENT** not authorised to receive any money in respect of premiums

11.2. **CREDIT AGENT** collecting in terms of Section 45 of the Short-Term Insurance Act (Act No 53 of 98)

11.2.1. Please indicate your:

Financial Year End

I.G.F Limit

I.G.F Number

Attach copy of the RV6, or equivalent, to this application

12. *COMMUNICATION PREFERENCE

12.1 Do you prefer that all communication be sent directly to the Policyholder

- If "NO", you accept responsibility to ensure that the Policyholder receives the communication
- If no option is selected we will send the communication directly to the Policyholder

YES NO

13. *CONTACT DETAILS

	Name	Tel no (incl code)	Fax no (incl code)	Email address
Accounts				
Claims				
Policy Admin				
Marketing				

14. TERMS AND CONDITIONS

- I understand that GENRIC Insurance Company Limited may approve or reject this application in its sole discretion. If this application is successful, GENRIC Insurance Company Limited’s standard agreement relating to business of this nature (“the agreement”) will govern the relationship between the parties. I agree that any other terms and conditions on which the applicant may wish to rely are excluded;
- Without limiting the agreement, I warrant that the applicant will at all times comply with all laws and regulations – in particular (but without limitation), those applicable to insurance business;
- I warrant that all of the information contained in this application document is true and correct. I agree it will be a material breach of the agreement if GENRIC Insurance Company Limited approves this application and any of the information supplied by the applicant is incorrect;
- I undertake to immediately advise GENRIC Insurance Company Limited of any change to my status that will impact the application or my FSB licensing status. Failure to comply with this requirement will constitute a material breach of this agreement, and I hereby indemnify GENRIC Insurance Company Limited against any damage or losses that it may suffer as a result.
- I acknowledge that GENRIC Insurance Company Limited will assess this application and the ongoing conduct of the applicant and its representatives by verifying personal information (which includes personal details, credit history, claims information, employment references and any other relevant information) with other insurance companies or their agents, legitimate sources and databases. I consent to GENRIC Insurance Company Limited accessing any personal information about me or the applicant. I agree that GENRIC Insurance Company Limited may access personal information about any representatives of the applicant (including, without limitation, current employees, partners, members, officers, directors and/or trustees) and warrant that I will acquire consent from each of those representatives consenting to GENRIC Insurance Company Limited accessing their personal information upon the reasonable request of GENRIC Insurance Company Limited.
- GENRIC Insurance Company Limited will ensure the integrity and safekeeping of personal information in their possession or under their control. The personal information collected will be for a specific, explicitly defined and lawful purpose that is related to a function of the company. Personal information will be adequate, relevant and not excessive given the purpose. GENRIC Insurance Company Limited agrees that personal information will be destroyed, deleted or ‘de-identified’ as soon as the purpose for collecting the information has been achieved.

I warrant that I am duly authorised to sign this application of behalf of the application	
Signature:	For and behalf of:
Full Name:	
Designation:	
Identity number:	Date:

FOR OFFICE USE ONLY	
Accreditation confirmation sent to agency	YES <input type="checkbox"/> NO <input type="checkbox"/>
Mandate to collect premiums sent (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
For signature	
Key Individual:	
Date:	