



New Intermediary Application Form

Please complete as much of this form as possible as failure to complete some sections will delay your application.

Please return your completed application to the address provided on the back of this form.

IMG Europe Limited
Kingsgate, Redhill,
Surrey, RH1 1SH,
United Kingdom
Tel: +44 1737 306 710
Fax: +44 1737 860 600
e-mail : sales@img-europe.co.uk

1. Trading Details

Full Trading Name			
Address			
Post Code	Country		
Telephone Number	Country Code +()	Area Code ()	Number: _____ Extension ()
Fax Number	Country Code +()	Area Code ()	Number: _____ Extension ()
Email	@ _____		
Website	www. Do you currently sell international medical insurance from your website? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Would you be interested in setting up an on-line IMG Europe sales link? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2. General Information

Trading Style	<input checked="" type="checkbox"/> Private Company <input type="checkbox"/> PLC <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership / Other:		
Nature of Business			
Date Business Established			
Do you have Sub-Agents or third parties introducing business to you?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, If Yes please give details		
Number of Employees (including Directors)		Number of client/Sales advisers/consultants:	

3. Professional Status & Professional Indemnity Cover

Regulatory Status	In your country are you required to be a registered insurance broker/agent?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes,
If Yes...	Name of Regulatory Authority : _____ Date of Registration : _____ Registration No: _____		
Are you members of any other regulatory body/trade body i.e. BIBA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, If yes please give details		
If you have been established for less than 2 years please advise:	Name of Previous Employer : _____ Duration of Employment : _____ Contact Individual : _____ Address : _____ Telephone : _____ Fax : _____		
Do you have professional Indemnity cover	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, If Yes: please send copy of your certificate stating Name of Insurer, Policy Number, Limit of Indemnity and Level of Excess		

4. Background Details

If you are approved and regulated in the United Kingdom by the Financial Conduct Authority (FCA) there is no need to complete this section. Please proceed to Section 5.

In respect of you or any Director/Partner or any of your personnel actively involved in insurance activities...

Do you have any criminal convictions past or pending?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, If Yes please give name, date and full details on a separate sheet of paper
Are you involved in any current or pending legal proceedings, against yourself or your company?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, If Yes please give name, date and full details on a separate sheet of paper
Have you personally or any company owned or managed by you ever been involved in bankruptcy?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, If Yes please give name, date and full details on a separate sheet of paper
Ever been subject to an investigation into malpractice, misconduct or subject to disciplinary proceedings by any professional body (e.g. CII, IBRC, FCA etc)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, If Yes please give name, date and full details on a separate sheet of paper

5. Insurance Business and Premium Profile

What % of your total premium income does international medical insurance present?	_____ %
How would you best describe your objectives and attitude to international healthcare?	
Please indicate which annual premium range your portfolio of international medical insurance best fits into?	<input type="checkbox"/> £0-£25K <input type="checkbox"/> £26K-50K <input type="checkbox"/> £51K-100K <input type="checkbox"/> £101-£250K <input type="checkbox"/> £250K-500K <input type="checkbox"/> £500K+
Please indicate the approximate split of your international medical insurance portfolio?	Individual _____ % Group _____ %
Please estimate the approximate new business production for IMG Europe over the next 12 months?	No. Lives _____ Premiums £ / \$ / € _____
Please list any international/medical insurance companies that you represent, are associated with or have dealings with:	
Do you have any special arrangements with any of the above mentioned companies? If so please provide details	

6. References/Current Agencies

Please provide the following details of two organisations with whom you currently hold an agency...

Agency1	Name : _____	Effective Date : _____ / _____ / _____	Premium Income : £ / \$ / € _____
Agency2	Name : _____	Effective Date : _____ / _____ / _____	Premium Income : £ / \$ / € _____
Agency3	Name : _____	Effective Date : _____ / _____ / _____	Premium Income : £ / \$ / € _____

7. Commission Payments

Commission Payments Base Currency	Please choose one of the following currencies in which you would like to receive your IMG Europe commission payments. <input type="checkbox"/> £ GBP <input type="checkbox"/> \$ USD <input type="checkbox"/> € Euro Where a policy is transacted in a different currency to that chosen, we will convert the policy currency to your base commission currency. Note: For IMG US Style Plans solely denominated in US\$, the commission will be paid direct by IMG (USA) in US\$ and not in your chosen base commission currency.		
Your Bank Details (to receive your commission payments)	Name of Bank : _____	Address : _____	
<u>Note the account must be in the same currency as your chosen commission base Currency.</u>	Telephone : _____	Fax : _____	
	Account Name : _____	BIC/SWIFT Code : _____	
	Account Number : _____	Sort Code : _____	IBAN No.: _____

8. Company Literature & Further Information

If possible, please supply a copy of your company brochure that explains the nature and scope of your business.

9. Declaration

- I/We submit this application for the appointment of intermediary facilities with IMG Europe Ltd and authorise IMG Europe Ltd to contact any individual or entity whose name has been provided in the application for the purpose of verifying the accuracy of the information and the applicants' suitability for appointment.
- I/We confirm that the above information is accurate and truthful, and understand the appointment of Intermediary Facilities shall not commence until such time as a duly authorised representative of IMG Europe Ltd. has issued and had returned to them by Us a valid counter signed IMG Europe Ltd Terms of Business Agreement.
- I/We confirm we agree and understand that any such appointment if accepted by IMG Europe Ltd. shall be subject to us adhering to and abiding with the IMG Europe Ltd Terms of Business Agreement.
- I/We understand that this does not constitute an application to become an 'Authorised Agent' of IMG Europe Ltd in accordance with the terms expressed by the Financial Conduct Authority (FCA).

Signed :

Date:

Print Name:

Position:

Introducing Agent (If Applicable)	Agent Name : Atheneos Insurance Brokers SA	Agent Number: 532688
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Please email the completed Application Form to: sales@imgeurope.co.uk

Or the application form can be posted to: **IMG Europe Limited, Kingsgate, Redhill, Surrey, RH1 1SH, United Kingdom**

Call direct +44 1737 306 710 or Fax +44 1737 860 600 www.imgeurope.co.uk