

Agent Facilities

Application Form



Please return your completed application via email to your Business Development Manager.

1 Company details

Full Trading Name	
Registered Address	
Phone	Email
Website	

2 Nature of Business/Occupation

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3 Firm Status & Background

Are you a registered insurance broker/intermediary/agent in the countries which you operate?	Yes	No
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If yes, please state:

Name of Regulatory Authority	
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Date of registration	Registration number
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Required in all cases:

No. of years established	No. of employees incl. directors	No. of client/sales advisors
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If you have been established for less than 3 years, please state

Name of previous employer	Duration of employment
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Contact individual	Address
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Phone	Fax	Email
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Do you have professional indemnity cover?	Yes	No
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If yes, please supply a copy of your certificate with this application.

4 Market Background

In which countries/regions do you operate? _____

How long have you been involved in the sale of International medical insurance? _____

Please indicate in which range your annual premium income for international medical insurance best fits:

£0-£50K £0-£50K £100K +

Please indicate the approximate split of your business:

Individual _____ % Group _____ %

What is your estimate for the production of new business for Morgan Price (Europe) ApS in the next 12 months?

Premium Income £ _____

Please list the other medical insurance companies that you represent? (If you have any special arrangements with any other medical insurance companies, please state what these are below)

5 References/Current Agencies

Please provide 2 organisations that will act as referees for you in this application:

Name _____ Agency Start Date _____

Address _____

Contact Name _____ Contact Email _____

Name _____ Agency Start Date _____

Address _____

Contact Name _____ Contact Email _____

6 Criminal Convictions & Bankruptcy

If you are regulated in the UK by the Financial Conduct Authority (FCA), do not complete this section.

Have you ever been convicted of a criminal offence? Yes No

If yes, give details:

6 Criminal Convictions & Bankruptcy - continued

Are you involved in any current or pending legal proceedings against yourself or your Company? Yes No

If yes, give details:

Have you/has any company owned/managed/connected with you been involved in bankruptcy or criminal proceedings? Yes No

If yes, give details:

Have you ever had an insurance agency refused or withdrawn? Yes No

If yes, give details:

7 Bank Details for Commission Payments

Name of Bank

Address of Bank

Telephone Number Fax Number

Account Name BIC/Swift Code

GB Pounds £ Account number

Sort Code Iban Number

US Dollars \$ Account number

Sort Code Iban Number

Euro € Account number

Sort Code Iban Number

8 Company Contacts

Director/Managing Director

Name	Email		
Telephone Number	Access to Broker Portal?	Yes	No
If yes, please confirm access:	Full	Commission Statements Only	Client Documents Only

Sales Contact

Name	Email		
Telephone Number	Access to Broker Portal?	Yes	No
If yes, please confirm access:	Full	Commission Statements Only	Client Documents Only

Accounts Contact

Name	Email		
Telephone Number	Access to Broker Portal?	Yes	No
If yes, please confirm access:	Full	Commission Statements Only	Client Documents Only

If you require anyone else to have access, please provide their name, email address and access below:

9 Declaration

I/We submit this application for the Morgan Price (Europe) ApS Network Agency and authorise Morgan Price (Europe) ApS to make any enquiries and contact any individuals whose name we have provided in connection with this application for the purpose of this application being considered.

I/We declare that the information is true and complete to the best of my/our knowledge.

I/We understand that Morgan Price (Europe) ApS will notify us in writing of our appointment or otherwise, and that agency facilities, if granted, will not take effect until that time.

I/We understand and agree to abide by the terms of any Morgan Price (Europe) ApS Network Agency Agreement, as amended from time to time.

Name in Block Capitals

Authorised Signature

Date

On behalf of

Position held
