

APPLICATION TO BE APPOINTED AS AN INTERMEDIARY



Complete the following application to be considered for appointment as an Intermediary of:

1. The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473, AFSL 241436) ('Hollard'); and
2. Hollard Commercial Insurance Pty Ltd (ABN 86 603 039 023, AFSL 474540) ('Hollard Commercial');

(Collectively "the Hollard entities" for the purposes of this application)

1. Applicant's registered entity name

2. Any registered business/trading names

3. ABN/ACN

4. AFSL number

5. Authorised representative number (as assigned by ASIC)

6. Business street address

<input type="text"/>		
	State	Postcode

7. Business postal address

<input type="text"/>		
	State	Postcode

8. Business type

Sole Trader Partnership Company

9. Date and place of incorporation

<input type="text"/>
<input type="text"/>

10. Company contact details

Business phone	Mobile	Fax
<input type="text"/>		

Email	Website
<input type="text"/>	

Registered business address

<input type="text"/>		
	State	Postcode

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11. Account name and address to appear on correspondence

Name

Address

<input type="text"/>		
	State	Postcode

12. Please specify the contact people within your organisation, including contacts for claims and account enquiries:

1. Name

Title

Business phone

Phone

Fax

2. Name

Title

Business phone

Phone

Fax

3. Name

Title

Business phone

Phone

Fax

13. Please specify the responsible managers (ASIC) within your organisation (please provide at least 2):

1. Name

Title

Business phone

Phone

Fax

2. Name

Title

Business phone

Phone

Fax

We acknowledge that the Hollard entities may obtain appropriate credit and criminal record checking on the persons registered as Responsible Managers of the business.

14. If a company or partnership, please advise names and home addresses of directors or partners:

1. Name

Date of birth

Address

<input type="text"/>		
	State	Postcode

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2. Name	Date of birth
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Address		
<input type="text"/>		
		State
		Postcode

3. Name	Date of birth
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Address		
<input type="text"/>		
		State
		Postcode

15. Training framework:

- 1. Do you have a training program that is RG146 compliant? No Yes
- 2. Do you maintain a current training register? No Yes
- 3. Please list the people in your business who are Tier 1 and Tier 2 qualified.

Tier 1

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Tier 2

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

16. (A) Main business activity?

<input type="text"/>
<input type="text"/>

(B) Other business activities?

<input type="text"/>
<input type="text"/>

17. If the business name has been changed in the last five years, what was the previous name & address?

Name	Date of name change
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Address		
<input type="text"/>		
		State
		Postcode

18. Number of staff employed by your organisation dealing with general insurance?

(Agents, please attach code of practice & tier certificate for each employee.)

<input type="text"/>

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19. Approximate GWP currently placed with:

Name of underwriter	Home	Business	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

20. Approximate GWP expected to be placed with the Hollard entities in the first 12 months:

21. Do you have a current authorised representative agreement in place with any other AFS Licensee? If yes, what is the date of that agreement and please list the name of the principal contact:

Date of Agreement	Principal Contact	Company

22. Do you propose to operate as a registered insurance broker or as an authorised representative?

A registered insurance broker An authorised representative

If you are proposing to operate as a registered insurance broker, please advise:

(a) Name in which registration is held

(b) AFSL number

23. Has any insurer declined an application or revised or cancelled the trading terms of any person, corporation or body named in this application:

No Yes

(If yes, please give details)

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24. Do you conduct business under any other business/trading names?

No Yes

(If yes, please specify states/territories and trading names used)

25. To which professional business or trade association(s) do you belong:

26. Please supply details of your current professional indemnity policy and please attach a copy of your certificate of currency:

Name of Insurer/Broker

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Policy number

Expiry date

Limit of indemnity

Excess applicable

		\$	\$
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Does your policy cover: (Please attach copy of policy)

(a) Insurance operations?

No Yes

(b) Operations of binder?

No Yes

27. Does your professional indemnity policy comply with RG126?

No Yes

28. State the name and address of the auditor of your insurance premium/broking account (if applicable).

Name

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Address

	State	Postcode

29. What are the proposed arrangements for moneys held in trust on behalf of the Hollard entities. Please attach a copy of the procedures manual that documents these arrangements

(a) Banked solely in a non-statutory single trust account?

No Yes

(b) Banked in a non-statutory trust account together with other trust moneys?

No Yes

(c) Other - give details

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(d) Please state the proposed/current account name, financial institution and location where premiums will be held in trust for the Hollard entities.

30. Do you charge a policy/intermediary administration fee? No Yes
How is this fee described and how is it incorporated in documentation to insureds?

(Please attach sample copies of documentation)

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31. Are there any mortgages, charges, liens, personal property securities, or other encumbrances held over any of the assets of the business? No Yes

If yes, please provide details including type, duration, amount and purpose.

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32. Do you have a complaints handling and dispute resolution process that complies with RG 271?

No Yes

If yes, please attach a copy of the procedures manual that documents this process.

33. Do you have a breach reporting process that complies with RG 78?

No Yes

If yes, please attach a copy of the procedures manual that documents this process.

34. Do you maintain a current suite of statutory disclosure documentation?

No Yes

If yes, please attach a copy of the current FSG, and any other relevant documents that you supply to retail clients.

35. Insurance industry referees:

Name	Company
<input type="text"/>	<input type="text"/>

Title	Phone
<input type="text"/>	<input type="text"/>

Name	Company
<input type="text"/>	<input type="text"/>

Title	Phone
<input type="text"/>	<input type="text"/>

Name	Company
<input type="text"/>	<input type="text"/>

Title	Phone
<input type="text"/>	<input type="text"/>

Name	Company
<input type="text"/>	<input type="text"/>

Title	Phone
<input type="text"/>	<input type="text"/>

36. Do you wish claims advices to be dealt directly with the insured or via your office?

Insured Office

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Declaration

For the purposes of this application and declaration The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473, AFSL 241436) ('Hollard') and Hollard Commercial Insurance Pty Ltd (ABN 86 603 039 023, AFSL 474540) ('Hollard Commercial') are collectively "the Hollard entities".

I /We now make an application to be appointed as an intermediary of the Hollard entities and declare that the answers given are true and correct.

I /We declare that we have read, understood and agree to be bound by Hollard's Terms & Conditions where I /We arrange a policy of insurance issued by Hollard: hollardinsurance.com.au/terms-of-trade/

I /We declare that we have read, understood and agree to be bound by Hollard Commercial's Terms & Conditions where I /We arrange a policy of insurance issued by Hollard Commercial acting as agent of Hollard: hollardcommercial.com.au/support/terms-of-trade/

We also acknowledge that Hollard or Hollard Commercial may amend their respective Terms and Conditions of Trade by providing 30 days' notice.

We acknowledge that the Hollard entities may undertake appropriate credit and criminal record checks on the persons registered as Responsible Managers of the business.

Each of Hollard entities respects your privacy and operate at all times in accordance with their respective privacy policies. Any personal information provided by you will be treated in accordance with the Privacy Act 1988 (Cth). The Hollard entities collect the personal information above to provide you with the subscription option(s) that you have selected. Your details will be put onto the Hollard entities' broker databases and may also be used to provide you with product updates or marketing materials that align with your subscription options. You will be provided with a means to opt out of the materials sent to you. Your personal information will be passed on to external third parties or our related bodies corporate for the purposes of administering or managing the Hollard entities' databases and providing insurance services. Your personal information may be disclosed to overseas entities. If you do not wish to provide your first or last name, you may subscribe under a pseudonym. If you do not provide the information requested the Hollard entities may not approve your application and may not be able to subscribe you to the updates that you would like to receive.

You may obtain access at any time to personal information that either of the Hollard entities or its service providers hold on you. The relevant privacy policy contains information about how you can access and correct the personal information held and how to complain about a breach of privacy.

If you would like additional information please contact Hollard or Hollard Commercial or download a copy of their respective Privacy Policies from the following websites:

Hollard Privacy Policy: hollard.com.au/privacy-policy/

Hollard Commercial Privacy Policy: hollardcommercial.com.au/privacy-policy/

Signed by/for and on behalf of the applicant

Date

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Internal office use only (to be completed by development manager)

All application questions answered

No Yes

AFSL number verified

No Yes

D&B report completed

No Yes

Copy of Hollard/Hollard Commercial terms and conditions of trade provided to the Intermediary

No Yes

Development manager

Date

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