

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'); or
2. Hollard Commercial Insurance Pty Ltd (ABN 86 603 039 023, AFSL 474540) ('HCI');

(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. AFS LICENCE NO.

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 & 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 & 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

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

Address	
<input type="text"/>	
<input type="text"/>	<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 SO, 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, PLEASE ADVISE:

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 No.

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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(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 INSURED?

(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 so, 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 165?

No Yes

If so, 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 so, 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 so, 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) ('Hci') 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 Hci's Terms & Conditions where I /We arrange a policy of insurance issued by Hci acting as agent of Hollard:

<http://www.hollardcommercial.com.au/media/1011/hci-terms-of-trade.pdf>

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

We also acknowledge that Hollard or Hci 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 Hci or download a copy of their respective Privacy Policies from the following websites:

Hollard Privacy Policy: hollardinsurance.com.au/Privacy-Policy

Hci Privacy Policy: <http://www.hollardcommercial.com.au/media/1012/hci-privacy-policy.pdf>

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 Hci/Hollard Terms and Conditions of Trade provided to the Intermediary

No Yes

Development Manager

Date

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