

Riskflow Motor Fleet Insurance | Agency Application Form

Inception date of facility requested:

1. Company Details

Name in full, including current trade title:

Previous trading names, agencies or brokers:

Form of business - tick as appropriate:

☐ Proprietary Limited Company (PTY LTD)	Registration Number:	
☐ Limited Liability Company	Registration Number:	
☐ Close Corporation	Registration Number:	
☐ Partnership		
☐ Sole Proprietor		
☐ Other	Details:	

Please list the names, I.D. numbers and occupations of all directors

Name and Surname:		I.D. Number:		Occupation:	
Name and Surname:		I.D. Number:		Occupation:	
Name and Surname:		I.D. Number:		Occupation:	

Please list the names, I.D. numbers and occupations of all share holders

Name and Surname:		I.D. Number:		Occupation:	
Name and Surname:		I.D. Number:		Occupation:	
Name and Surname:		I.D. Number:		Occupation:	

Please list the names, I.D. numbers and occupations of all members (Cc's) and /or Partners (Partnership)

Name and Surname:		I.D. Number:		Occupation:	
Name and Surname:		I.D. Number:		Occupation:	
Name and Surname:		I.D. Number:		Occupation:	

Have any of the persons listed above, or has any organisation in which held a managerial position been placed in provisional or final liquidation, or been placed under provisional or final judicial management, or been provisionally or finally sequestrated or entered into arrangements with creditors or are such matters still pending? If yes, please provide full details:

Have any of the persons been convicted of any criminal offence during the past 10 years? If yes, please provide full details:

Is there any civil or criminal litigation pending against any of the persons mentioned above or against the applicant? If yes, please provide full details:

Have any of these persons ever had any agency or an agency application declined, terminated or granted on special terms?

If yes, please provide full details:

2. Contact Details

Date business was established or incorporated:

Date of inception of present management:

Postal Address: Physical Address:

Postal Code: Postal Code:

Telephone Number: Mobile Number:

Email Address:

3. Membership Details

State any insurance / broker / underwriting association related membership:

Association: Membership Number:

Association: Membership Number:

4. Banking Details

Name of Bank:

Branch Name:

Branch Number:

Account Name:

Type of Account:

Account Number:

5. Tax Status

Is the Company a registered taxpayer? Yes ☐ No ☐

Income tax number: VAT registration number:

6. Other Facility/Contract Details

Below, list the details of the three Insurance Companies and / or Underwriting Agencies with whom most of your business is placed:

Company Name:			
Branch:			
Contact Person:			
Contact Number:			
Period of Agreement:			
Monthly Premium:			
12 Month Loss ratio:			

7. Regulatory Information

Are you licensed in terms of the Financial Advisory and Intermediary Services Act (FAIS)? Yes ☐ No ☐

FSP Number:

Name of Compliance Officer:

Business Telephone Number: Business Mobile Number:

Treating Customers Fairly:

1. Is awareness of TCF outcomes created in business?

2. Is TCF outcomes applied in business? If so, please provide details?

3. Are there any areas for concern?

8. PI and IGF Cover Details

Professional Indemnity Cover: (Please attach a copy as proof) Yes ☐ No ☐

Excess Structure: Underwriter:

Limit of Indemnity: Policy Number:

IGF Cover: (Please attach a copy as proof: Yes ☐ No ☐

Excess Structure: Underwriter:

Limit of Indemnity: Policy Number:

Who is covered under the PI policy, e.g. only Directors, all staff? Please specify:

9. Technical Details of Employees

Number of employees:

Name and Surname	Short-term Insurance Experience	Authorized Representative	If Authorized, does the Rep comply with all FAIS Fit & Proper Requirements
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	
		Yes ☐ No ☐	

10. Declaration

The information contained herein is true and correct and shall form part of the agreement to be concluded between Risk Flow, the Underwriting Manager and the independent intermediary.

Important notice: The acceptance of this proposal is subject to the final approval of Risk Flow. Risk Flow will not accept responsibility for cover until written confirmation has been issued.

Name of Authorized Signature:

Signature: Date:

Place: