



## Brokers & Intermediaries

### Application Form for an Intermediary Agreement

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email or post. You can find our contact details at the end of this form.

#### Your company details

Company name: .....

Address: .....

.....

Web address: .....

Email address: .....

Telephone number: ..... Fax number: .....

Please state the nature of your company: .....

For how many years has this company been established? .....

How many employees? (including working directors) .....

#### How you heard about the Global Plans Team?

Please tick all that apply:

- Search engine  Industry publication  Recommendation  LinkedIn  Twitter  Advert  
 Personal contact  Used to do business with William Russell or Dubai Insurance Company  Other (please give details):

.....

#### Your professional registration

Are you a registered insurance broker, or are you registered with any official financial/insurance institution?  Yes  No

If YES, please provide the following details:

Name of institution: .....

Date of registration with that institution: ..... Registration number: .....

#### Your professional indemnity cover

Does your company have professional indemnity cover?  Yes  No

If YES, please provide the following details, along with a copy of your professional indemnity insurance certificate.

Name of insurer: .....

Policy number: .....

Limit of indemnity: ..... Excess level: .....

#### Details of your business

In which of the following does your company specialise? Please state the percentage split of your individual and group business.

- |  |   |  |
|--|---|--|
| International private medical insurance (iPMI) | <input type="checkbox"/> Individual: .....% | <input type="checkbox"/> Group: .....% |
| International life & accident insurance        | <input type="checkbox"/> Individual: .....% | <input type="checkbox"/> Group: .....% |
| International income protection insurance      | <input type="checkbox"/> Individual: .....% | <input type="checkbox"/> Group: .....% |



**Your annual premium income projections**

Please state the approximate level of annual income you receive from your international insurance portfolio.

Up to \$40,000	<input type="checkbox"/> iPMI	<input type="checkbox"/> Life & accident	<input type="checkbox"/> Income protection
Up to \$80,000	<input type="checkbox"/> iPMI	<input type="checkbox"/> Life & accident	<input type="checkbox"/> Income protection
Up to \$160,000	<input type="checkbox"/> iPMI	<input type="checkbox"/> Life & accident	<input type="checkbox"/> Income protection
Up to \$400,000	<input type="checkbox"/> iPMI	<input type="checkbox"/> Life & accident	<input type="checkbox"/> Income protection
In excess of \$800,000	<input type="checkbox"/> iPMI	<input type="checkbox"/> Life & accident	<input type="checkbox"/> Income protection

What percentage of your total premium income relates to international business? .....

Please estimate your projected new business income for Dubai Insurance Company psc. in the next 12 months: .....

**Your references**

Please state the name and address of two insurance companies with whom you have an intermediary agreement.

1. Company name: ..... Effective date: .....

Contact name: .....

Web address: ..... Email: .....

Telephone number: ..... Fax number: .....

2. Company name: ..... Effective date: .....

Contact name: .....

Web address: ..... Email: .....

Telephone number: ..... Fax number: .....

**Your commission instructions**

Please note that we treat this information confidentially, to be used for the purposes of commission payments only.

Contact name: .....

Web address: ..... Email: .....

Telephone number: ..... Fax number: .....

Please select the currency in which you wish to receive commission payment:  US Dollars  GBP Sterling  Euros

Minimum payment limit: .....

Name of bank: ..... Account name: .....

Account number: ..... IBAN: .....

Sort code: ..... Swift code: .....

Full address of bank: .....

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**Your contact details**

**Please list the personnel authorised to make changes to your account with Dubai Insurance Company psc.:**

Contact name: ..... Position: .....  
 Telephone: ..... Email: .....  
 Contact name: ..... Position: .....  
 Telephone: ..... Email: .....  
 Contact name: ..... Position: .....  
 Telephone: ..... Email: .....

**Please list other personnel you would like to receive our sales and marketing materials:**

Contact name: ..... Position: .....  
 Telephone: ..... Email: .....  
 Contact name: ..... Position: .....  
 Telephone: ..... Email: .....  
 Contact name: ..... Position: .....  
 Telephone: ..... Email: .....

**Our terms of business declaration**

Dubai Insurance Company psc. pays commission on a monthly basis. The commission run is on the 15th of each month in respect of the previous month’s business. Commission is payable in respect of premium which has cleared through Dubai Insurance Company psc.’s bank account, during the previous month. Commission is only payable in respect of premiums actually received by Dubai Insurance Company psc. We do not pay commission on an indemnity basis. Commission payable in respect of group scheme business may be subject to claw-back in the event of premium being refunded in respect of employees who leave the group; alternatively, the group scheme client’s refund will be net of commission paid to you.

Dubai Insurance Company psc. reserves the right to accrue and defer payment of commissions until a minimum is due that exceeds the costs of making and receiving the transfer. For European payments or foreign currency to a UK account, the minimum will be \$50 or £50 or €50. For the rest of the world payments, the minimum will be \$100 or £100 or €100. You may wish to choose a minimum limit in excess of the above, and payment will be made when these limits have been met.

**I understand that this form constitutes an application for terms of business with Dubai Insurance Company psc. If this application is accepted, the appointment shall be governed by the terms of Dubai Insurance Company psc. These terms are hereby understood and agreed to.**

**Name of company:** .....

**Applicant’s signature on behalf of company\*:** ..... **Date:** .....

**Name in print:** ..... **Position:** .....

\* Must be signature of Managing Director, Chief Executive Office, or Proprietor.