

New Broker Application Form

Name in Full			
Trading Name			
Company No. GST No.			
Business Addresses			
Telephone Number			
Fax Number			
Mobile Number			
Email Address			
Active Directors or Managers	Name	Qualifications	Insurance Experience
Registration as Broker	Registration No: Are you a member of NIBA / CIBNZ?		Date of Application: Yes / No (please circle)
Professional Indemnity Insurance	Insurer: Limit: \$ Deductible: \$ <i>Please provide copy of current certificate of insurance</i>		
Fidelity Guarantee Insurance	Insurer: Limit: \$ Deductible: \$ <i>Please provide copy of current certificate of insurance</i>		

DETAILS OF PORTFOLIO

A. What is the anticipated annual premium income generated by your brokerage?

Commercial Premium	\$
Domestic Premium	\$
Crop Premium	\$
Total Premium Income	\$

B. Please supply details of other Insurers with whom you transact business.

Company Name	Approximate Allocation of Total Portfolio	
	Premium	Percentage (%)

C. Has any general insurance company that you do business with restricted account credit terms and in what circumstances did this take place?

D. Commercial References

Bank	
Branch	
Manager	
Telephone No	

Accountant	
Address	
Contact	
Telephone No	

E. Insurance Company References

Name	
Branch	
Manager	
Telephone No	

Name	
Branch	
Manager	
Telephone No	

F. Have any of the directors or partners been involved with insolvency or bankruptcy?

G. Have any of the directors or partners been convicted of a criminal offence? If so, please state the circumstances.

H. Please confirm by answering 'yes' below if you are prepared to allow Primacy to employ whatever credit or reference checks are available to research the background of the applicant company.

L. Please provide your latest audited financial report in order for your application to be considered.

Signature: _____

Position: _____

Date: _____