



INTERMEDIARY APPLICATION FORM

Introduction

Thank you for your interest in arranging an intermediary agreement with Health Assured Limited. The following document is to enable Health Assured to consider your company as a recognised independent intermediary for the sale and promotion of Health Assured's products. Please take time to read through this document carefully and ensure all sections are completed in **BLOCK CAPITALS** and **BLACK INK**. Once you have completed it, please return it to:

Health Assured Limited, The Peninsula, 2 Cheetham Hill Road, Manchester, M4 4FB

Important Information

It is your responsibility to comply with the FSA, Data Protection ACT (DPA) and anti-money laundering regulations at all times.

Commission

Your commission will accrue on a monthly basis and will be paid by direct credit, please make sure you complete your bank account details in Section 2. You will receive a remittance advice each time you introduce new business and complete renewals to Health Assured Limited.

www.healthassured.co.uk

Health Assured Limited has invested time and resource in developing our on-line support to Intermediaries. Once your agency is activated, we will endeavour to issue your remittance advices via email and keep you up to date on market news and product updates.

Peace of mind guarantee

If within 14 days of returning your signed agreement, you would like to re-consider your agency status, please let us know and we will provide every opportunity to cancel your arrangement.

Telephone calls may be recorded for security purposes and monitored under our quality control and security procedures.

Thank you for your interest in Health Assured Limited. Should you have any questions or concerns in relation to this application, please contact us on 0844 8922 493, or email us at info@healthassured.co.uk

SECTION 1 - YOUR COMPANY INFORMATION

Company Name:

Company Address:

Postcode:

Telephone Number:

Fax Number:

Email Address*:

*Communicating by e-mail is quick and efficient but carries no absolute guarantee confidentiality. By providing your e-mail address on this form you are consenting to its use for the administration of your agency.

Website Address:

Please give details of any criminal convictions held by, or adverse regulatory findings against, directors, signatories, staff or any person acting on your behalf (other than for minor road traffic offences) not treated as spent convictions under the Rehabilitation of Offenders Act 1974.

Has any director or partner, or the sole proprietor of the business, at any time been adjudicated bankrupt, or any company with which any director or partner, or the sole proprietor of the business, been connected with the subject of a compulsory winding up order or entered into voluntary liquidation?

Yes / No - If Yes, please give details:

Does your company hold a current notification with the Information Commissioners office under the DPA 1998?

Please include a photocopy of your data protection notification certificate from the Information Commissioner.

Yes / No

FSA Authorisation Number:

In order to gain recognition with Health Assured Ltd you will be required to agree to a training seminar held at your company on the products and services available through Health Assured Ltd.

Do you agree to this, if not please give reasons:

SECTION 2 - PAYMENT DETAILS

Please ensure the payment information provided is for the authorised firm or person in order for Health Assured Limited to pay commission in accordance with FSA guidelines. If you are part of a network, these must be the details of the authorised person directly regulated by the FSA.

Bank Account Name:

Account Number:

Sort Code:

SECTION 3 - CONTACT INFORMATION

Please provide the main contact names and their contact information:

Name:

Telephone Number:

Email Address*:

*Communicating by e-mail is quick and efficient but carries no absolute guarantee confidentiality. By providing your e-mail address on this form you are consenting to its use for the administration of your agency.

SECTION 4 - DECLARATION

- I/We undertake to remain authorised by the Financial Services Authority and to inform Health Assured Ltd if this is removed for whatever reason.
- I/We undertake to comply with the Insurance Conduct of Business (ICOBS) book (set out in the FSA Handbook) for selling general insurance.
- I/We undertake to maintain in force cover in accordance with the requirement of the Association of British Insurers and to inform Health Assured if this requirement is no longer complied with.
- I/We hereby apply to Health Assured Ltd for recognition as an Intermediary from whom Health Assured Ltd can accept business and understand if accepted, we may be monitored on performance by Health Assured Ltd and agree to accept a Health Assured Ltd representative visiting our offices upon request.
- Following successful completion of our application, Health Assured Ltd will issue an Agency Agreement and we will respond to this in 10 working days.
- I/We understand that if no new business is generated within a 6 month period (after our being accepted by Health Assured Ltd), our agreement may be terminated and we/I will need to re-apply for an agreement with Health Assured Ltd. (Reapplication following termination will only be considered after 6 months have elapsed.)
- I/We understand that if/once our agreement becomes active we may be visited by one of Health Assured Limited's representatives periodically to review our agreement and associated portfolio performance. Should you cancel 2 or more consecutive visits to your office by a Health Assured Ltd representative, Health Assured Ltd reserves the right to cancel this agreement.

Signed

Date:

Print Name:

Position:

Your application will be considered and responded to within 10 working days. Should your Health Assured Ltd agency application be successful you will be visited by one of our representatives within 90 days of your registration becoming active.