



# New Intermediary Application Form

IMG Europe Limited  
 36-38 Church Road, Burgess Hill,  
 West Sussex, RH15 9AE,  
 United Kingdom  
 Tel : +44 (0) 1444 46 55 55  
 Fax : +44 (0) 1444 46 55 50  
 e-mail : [info@imgeurope.co.uk](mailto:info@imgeurope.co.uk)

Please complete as much of this form as possible as failure to complete some sections will delay your application.

Please return your completed application to the address provided on the back of this form.

## 1. Trading Details

Full Trading Name			
Address			
	Post Code	Country	
Telephone Number	Country Code +( ) Area Code ( ) Number:	Extension ( )	
Fax Number	Country Code +( ) Area Code ( ) Number:	Extension ( )	
Email	@		
Website	<b>www.</b> Do you currently sell international medical insurance from your website? <input type="checkbox"/> No <input type="checkbox"/> Yes Would you be interested in setting up an on-line IMG sales link? <input type="checkbox"/> No <input type="checkbox"/> Yes		

## 2. General Information

Trading Style	<input type="checkbox"/> Private Company <input type="checkbox"/> PLC <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership / Other:		
Nature of Business			
Date Business Established			
Do you have Sub-Agents or third parties introducing business to you?	<input type="checkbox"/> No <input type="checkbox"/> Yes, if Yes please give details		
Number of Employees (including Directors)		Number of client/Sales advisers/consultants:	

## 3. Professional Status & Professional Indemnity Cover

Regulatory Status	In your country are you required to be a registered insurance broker/agent? <input type="checkbox"/> No <input type="checkbox"/> Yes,		
If Yes...	Name of Regulatory Authority : _____ Date of Registration : _____ Registration No: : _____		
Are you members of any other regulatory body/trade body i.e. BIBA	<input type="checkbox"/> No <input type="checkbox"/> Yes, If yes please give details		
If you have been established for less than 2 years please advise:	Name of Previous Employer : _____ Duration of Employment : _____ Contact Individual : _____ Address : _____ Telephone : _____ Fax : _____		
Do you have professional indemnity cover	<input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes: please send copy of your certificate stating Name of Insurer, Policy Number, Limit of Indemnity and Level of Excess		

## 4. Background Details

*If you are approved and regulated in the United Kingdom by the Financial Services Authority (FSA) there is no need to complete this section. Please proceed to Section 5.*

**In respect of you or any Director/Partner or any of your personnel actively involved in insurance activities...**

Do you have any criminal convictions past or pending?	<input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes please give name, date and full details on a separate sheet of paper
Are you involved in any current or pending legal proceedings, against yourself or your company?	<input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes please give name, date and full details on a separate sheet of paper
Have you personally or any company owned or managed by you ever been involved in bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes please give name, date and full details on a separate sheet of paper
Ever been subject to an investigation into malpractice, misconduct or subject to disciplinary proceedings by any professional body (e.g. CII, IBRC, FSA etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes please give name, date and full details on a separate sheet of paper

5. Insurance Business and Premium Profile	
What % of your total premium income does international medical insurance present?	_____ %
How would you best describe your objectives and attitude to international healthcare?	
Please indicate which annual premium range your portfolio of international medical insurance best fits into?	<input type="checkbox"/> £0-£25K <input type="checkbox"/> £26K-50K <input type="checkbox"/> £51K-100K <input type="checkbox"/> £101-£250K <input type="checkbox"/> £250K-500K <input type="checkbox"/> £500K+
Please indicate the approximate split of your international medical insurance portfolio?	Individual _____ % Group _____ %
Please estimate the approximate new business production for IMG Europe over the next 12 months?	No. Lives _____ Premiums £ / \$ / € _____
Please list any international/medical insurance companies that you represent, are associated with or have dealings with:	
Do you have any special arrangements with any of the above mentioned companies? If so please provide details	

6. References/Current Agencies	
Please provide the following details of two organisations with whom you currently hold an agency...	
<b>Agency1</b>	Name : _____ Effective Date : ____/____/____ Premium Income : £ / \$ / € _____
<b>Agency2</b>	Name : _____ Effective Date : ____/____/____ Premium Income : £ / \$ / € _____
<b>Agency3</b>	Name : _____ Effective Date : ____/____/____ Premium Income : £ / \$ / € _____

7. Commission Payments	
<b>Commission Payments Base Currency</b>	Please choose one of the following currencies in which you would like to receive your GlobalSelect commission payments. <input type="checkbox"/> £ GBP <input type="checkbox"/> \$ USD <input type="checkbox"/> € Euro Where a policy is transacted in a different currency to that chosen, we will convert the policy currency to your base commission currency. Note: For US style Plans solely denominated in US\$, the commission will be paid direct by IMG (USA) in US\$ and not in your chosen base commission currency.
<b>Your Bank Details (to receive your commission payments)</b>	Name of Bank : _____ Address : _____ Telephone : _____ Fax : _____ Account Name : _____ BIC/SWIFT Code : _____ Account Number : _____ Sort Code : _____ IBAN No.: _____
<u>Note the account must be in the same currency as your chosen commission base Currency.</u>	

8. Company Literature & Further Information	
If possible, please supply a copy of your company brochure that explains the nature and scope of your business.	

9. Declaration	
1. I/We submit this application for the appointment of intermediary facilities with IMG Europe Ltd and authorise IMG Europe Ltd to contact any individual or entity whose name has been provided in the application for the purpose of verifying the accuracy of the information and the applicants' suitability for appointment. 2. I/We confirm that the above information is accurate and truthful, and understand the appointment of Intermediary Facilities shall not commence until such time as a duly authorised representative of IMG Europe Ltd. has issued and had returned to them by Us a valid counter signed IMG Europe Ltd Terms of Business Agreement. 3. I/We confirm we agree and understand that any such appointment if accepted by IMG Europe Ltd. shall be subject to us adhering to and abiding with the IMG Europe Ltd Terms of Business Agreement. 4. I/We understand that this does not constitute an application to become an 'Authorised Agent' of IMG Europe Ltd in accordance with the terms expressed by the Financial Services Authority (FSA).	
<b>Signed</b> :	<b>Date</b> :
<b>Print Name</b> :	<b>Position</b> :

<b>Introducing Agent (If Applicable)</b>	<b>Agent Name</b> :	<b>Agent No#</b> :
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Please mail or fax the completed Application Form to:  
**Managing Director, IMG Europe Limited, 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE, United Kingdom**  
 Call direct +44 (0) 1444 46 55 55 or Fax +44 (0) 1444 46 55 50 [www.imgeurope.co.uk](http://www.imgeurope.co.uk)