



Prime Asset Cover

The Policy that protects You - The Prime Asset in your business

Reg. No. CK 1992/026005/23

FORM PA-011a

AGENCY APPLICATION

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TITLE FIRST NAMES SURNAME FEMALE MALE

BUSINESS NAME REG. No.

NATURE OF LEGAL ENTITY: COMPANY/CLOSE CORPORATION/PARTNERSHIP/OTHER (SPECIFY)

IF NOT A COMPANY, LIST PRINCIPALS, PARTNERS OR MEMBERS

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

REG. NUMBER (IF APPLICABLE) VAT NUMBER

BUSINESS ADDRESS

POSTAL ADDRESS CODE

TEL (W) E-MAIL

FAX CELL

NATURE OF BUSINESS OTHER THAN INSURANCE. DOES THE APPLICANT CONDUCT BUSINESS OTHER THAN INSURANCE AGENCY? IF SO, SPECIFY:

NAME OF BANK, BRANCH AND ACCOUNT NUMBER

SHOULD YOU WISH TO AVAIL YOURSELF OF ELECTRONIC COMMISSION PAYMENTS DIRECTLY TO YOUR BANK ACCOUNT, PLEASE PROVIDE THE FOLLOWING DETAILS (AUTHORITY IS TO CREDIT ACCOUNT ONLY):

ACCOUNT TYPE ACCOUNT HOLDER

ACCOUNT NO. BANK

BRANCH CODE BRANCH

NAMES OF OTHER INSURANCE COMPANIES REPRESENTED:

HAVE YOU EVER HAD AN INSURANCE AGENCY CANCELLED? YES NO IF YES, PLEASE PROVIDE FULL DETAILS ON A SEPARATE REPORT

ARE YOU A PROVISIONAL TAXPAYER? YES NO PLEASE QUOTE TAX REFERENCE NUMBER:

ARE YOU A PAYE TAXPAYER? YES NO

DO YOU HAVE A PAYE DIRECTIVE? YES NO IF YES, GIVE PERCENTAGE %

HAS ANY PROVISIONAL OR FINAL LIQUIDATION OR INSOLVENCY ORDER EVER BEEN ISSUED IN RESPECT OF THE APPLICANT OR ANY DIRECTOR/PARTNER/MEMBER? IF YES, PLEASE PROVIDE FULL DETAILS ON A SEPARATE REPORT. YES NO

ARE YOU A GUARANTEE AGENT? YES NO IF YES, I.G.F. REGISTRATION NUMBER: GUARANTEE AMOUNT: R

DO YOU HAVE PROFESSIONAL INDEMNITY COVER? YES NO IF YES, LIMIT OF LIABILITY: R

DO YOU HAVE FIDELITY GUARANTEE INSURANCE? YES NO IF YES, LIMIT OF LIABILITY: R

PLEASE INDICATE THE LEVEL OF PREMIUM YOU ANTICIPATE GENERATING ANNUALLY THROUGH THIS AGENCY: R

We hereby make application for an agency with Protector Plan cc T/A Prime Asset Cover and warrant that the foregoing is correct and agree and undertake to abide by and comply with all terms and conditions if this application is approved.

SIGNED AT THIS DAY OF 20

SIGNATURE NAME

DESIGNATION

CONDITIONS OF APPOINTMENT IF APPOINTED:

- !You are not authorised to grant cover for any class of insurance, nor may you bind Protector Plan cc T/A Prime Asset Cover herein after referred to as the Company in any way except as specifically authorised in writing.
- !You undertake to deliver or post all proposals to the Company immediately as they are received.
- !You agree to observe all instructions received from the Company.
- !All documents, rates, stationery and publicity material supplied to you shall at all times remain the property of the Company. Furthermore no pamphlet, advertising or printed matter should be issued by you referring to the Company's name or business without the Company's prior consent. Upon termination of the agency all such documents must be returned to the Company forthwith.
- !You may not transfer this agency without the formal consent of the Company.
- !The Company will not in any way hold itself responsible for or be bound by any act committed by you beyond the terms of the authority recorded herein or specifically granted in writing. In the event of the Company incurring liability whatsoever as a result of your unauthorised act you will indemnify the company against such liability.
- !Either party may terminate this appointment at any time without prior notice.
- !All premiums must be paid directly to the Company, on or before the date on which the premium becomes due.
- !You are not authorised to extend credit on behalf of the Company.
- !You are not authorised to admit any claim submitted under the policy.
- !In the event of you entering into a compromise with creditors or if any provisional or final insolvency or liquidation or judicial management order is issued against you then this appointment will automatically be terminated.