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# BROKER APPLICATION FORM

1. Please note that this application is used for processing facilities with Affinity Underwriting Managers as well as giving you access to New National and MFRF Risk Management unique Affinity products and as such, necessary documentation will be forwarded to the insurers.
2. Please ensure that all information and ALL fields are completed in full for us to process the application without delay.
3. Please supply us with the following documentation:
   1. Completed **New Broker Application Form (**download[**here**](http://www.affiniyum.co.za/brokerapplication)**)**
   2. Completed **Affinity Broker Agreement (**download[**here**](http://www.affiniyum.co.za/brokerapplication)**)**
   3. Completed **NNAC Affinity Intermediary Agreement (**download[**here**](http://www.affiniyum.co.za/brokerapplication)**)**
   4. Completed **Old Mutual Agency Application Form** **(**download[**here**](http://www.affiniyum.co.za/brokerapplication)**)**
   5. Copies of ID Documents of all directors
   6. Copy of Company Registration Certificate
   7. VAT Registration Certificate (VAT 103 notice of registration) and Tax Clearance Certificate.
   8. FSB Certificate
   9. Proof Of Valid Bank Account
   10. Copy of Professional Indemnity Cover
   11. Staff Excel File **(**download[**here**](http://www.affiniyum.co.za/brokerapplication)**)**
   12. JPEG. Company logo
4. Please note that the application is subject to final approval by Affinity Underwriting Managers
5. No responsibility or acceptance of cover will be entertained until written confirmation is issued by Affinity Underwriting Managers
6. Please go to [www.affinityum.co.za/brokerapplication](http://www.affinityum.co.za/brokerapplication) to download required documents and to submit your application.
7. **Brokerage Information**

|  |  |
| --- | --- |
| Full Registered Company Name |  |
| Trading Name (If Any) | Trading Name |
| Company Registration Number | Company Registration Number |
| Date Of Company Registration | Date of Company Registration |
| Type of Business | Company Type |
| FSP Number | FSP Number |
| Date Authorised | Date Authorised |
| Company VAT Number | Company VAT Number |
| Brokerage Physical Address | Physical Address Line1 |
| Physical Address Line2 |
| Suburb |
| City |
| Area Code |
| Province |
| Brokerage Postal Address | Postal Address |
| Postal Suburb |
| Postal Code |

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1. **Shareholders/Members/Partners**

Please list all the names, ID Numbers, or registration numbers of shareholders

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Surname** | **ID/Reg Number** | **Occupation** |
| Director First Name | Director Surname | ID Number | Director Occupation |
| Director First Name | Director Surname | ID Number | Director Occupation |
| Director First Name | Director Surname | ID Number | Director Occupation |
| Director First Name | Director Surname | ID Number | Director Occupation |
| Director First Name | Director Surname | ID Number | Director Occupation |

Have any of the persons listed above, or has any organisation in which they have held a managerial position been placed in provisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally or finally sequestrated or entered into arrangements with creditors or are any such matters still pending? If yes, please provide full details:

|  |
| --- |
| Click or tap here to enter text. |

Have any of these people been convicted of any criminal offence during the past 10 years?

|  |
| --- |
| Click or tap here to enter text. |

Is there any civil or criminal litigation pending against any of the people mentioned above or against the applicant?

|  |
| --- |
| Click or tap here to enter text. |

Have any of these people ever had any agency or an agency application declined, terminated, or granted on special terms?

|  |
| --- |
| Click or tap here to enter text. |

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1. **Membership Information**

Please state any insurance industry related association memberships (Current and Past)

|  |  |  |
| --- | --- | --- |
| **Name of Institution** | **Membership Number** | **Active** |
| Institution | Membership Number | Select |
| Institution | Membership Number | Select |
| Institution | Membership Number | Select |
| Institution | Membership Number | Select |
| Institution | Membership Number | Select |

1. **Facility Information**

Please state details as requested of all current insurance / underwriting companies where facilities are held in order of business

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Company** | **Branch** | **Contact Person** | **Period of Agreement** | **Monthly Gross Premium** |
| Name | Branch | Contact | Period | Premium |
| Name | Branch | Contact | Period | Premium |
| Name | Branch | Contact | Period | Premium |
| Name | Branch | Contact | Period | Premium |
| Name | Branch | Contact | Period | Premium |

1. **Professional Indemnity Cover**

Please ensure that you renew your copy of your PI Cover with us annually

|  |  |
| --- | --- |
| Insurer | PI Cover Insurer |
| Policy Number | PI Policy No |
| Limit Of Indemnity | PI Limit of Indemnity |
| Expiry Date | Expiry Date |
| Who is covered (All Staff, Only Directors etc.) | Company Type |

1. **Banking Information**

Please note that the bank details provided will be used for commission payments. Please ensure that we are always kept up to date with accurate information on the bank details.

|  |  |
| --- | --- |
| Bank Name | Bank Name |
| Branch | Branch |
| Branch Code | Branch Code |
| Account Type | Account Type |
| Account Holder | Account Holder |
| Account Number | Account Number |

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1. **Contact Information**

Please ensure that you keep us updated with any contact information changes.

|  |  |
| --- | --- |
| Main Switchboard Number | Main Switchboard Number |
| Alternative Contact Number | Alternative Contact Number |
| Contact Person Name | Contact Person Name |
| Contact Person Cell Number | **Cell Number** |
| General email Address | General email Address |
| Website | Website |
| Commission Statements email address | Commission email |
| Admin (Reports) | Reports |
| Client Services (Schedules / Cancellations etc.) | Schedules |

1. **Employee Information**

**Important Notes**

1. Please note that we will only assist staff/employees that are listed with us to ensure the safety of your information.
2. Please note that it is your responsibility to keep us updated of any staff movement/changes, if we are not notified of any staff changes access to systems and information will continue to be accessible by these people.
3. Please select this link to download the staff file. **(**download[**here**](http://www.affiniyum.co.za/brokerapplication)**)**
4. **IMPORTANT –** Please ensure you complete the excel form and submit so that we can create usernames and passwords for our online quoting system for easy access to instant quotes on all our products.
5. **Facility’s Required**

Types of facilities applied for

|  |  |  |
| --- | --- | --- |
| **Class of Insurance** | **Required** | **Licensed** |
| Personal Lines | Select | Select |
| Commercial | Select | Select |
| Taxi | Select | Select |
| Value Added | Select | Select |

|  |  |  |
| --- | --- | --- |
|  | **Number of Policies** | **Monthly Gross Premium** |
| Mover Over Policies to be placed at inception of agreement | No of Polices | Premium |
| New Business (Expected Business placed in first 6 months) | No of Polices | Premium |
| New Business (Expected Business placed in first year) | No of Polices | Premium |

1. **Broker Fee**

Please note that the broker fee requested below will not change unless Affinity is notified of any changes

|  |  |
| --- | --- |
| Personal Lines | **PL Broker Fee** |
| Commercial policies | Comm Broker Fee |

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1. **Duly Authorised Signature**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm the following;

* 1. I am duly authorised to sign this application on behalf of the company
  2. I agree that all information supplied is true and correct

Signed on this day the\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_202\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**AFFINITY ADMIN OFFICE USE**

1. **Application Processed by**

|  |  |
| --- | --- |
| Received/Processed by | Name |
| Date Received | Date Received |

1. **Document Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Received** | **Date Received** | **Checked By** |
| Completed Application Form | Received | Date Received | Checked By |
| Completed and Signed Affinity Agreement | Received | Date Received | Checked By |
| Completed and Signed NNAC Agreement | Received | Date Received | Checked By |
| Completed and Signed MFRF Application Form | Received | Date Received | Checked By |
| ID Copies of All Directors | Received | Date Received | Checked By |
| Company Registration Certificate | Received | Date Received | Checked By |
| Vat Registration Certificate and Tax Clearance | Received | Date Received | Checked By |
| FSB Certificate | Received | Date Received | Checked By |
| Proof Of Bank Details | Received | Date Received | Checked By |
| PI Cover | Received | Date Received | Checked By |
| Staff Excel File | Received | Date Received | Checked By |
| Broker Logo | Received | Date Received | Checked By |

1. **FSCA Website Check**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date Checked** | **Advice non-mandated** | **Intermediary Scripted** | **Intermediary Other** | **Checked By** |
| Short-Term Insurance Subcategory A | Date Checked | Select | Select | Select | Checked By |
| Short-Term Insurance Personal Lines | Date Checked | Select | Select | Select | Checked By |
| Short-Term Insurance Personal Lines A1 | Date Checked | Select | Select | Select | Checked By |
| Short-Term Insurance Commercial Lines | Date Checked | Select | Select | Select | Checked By |
| FSP Number Verified | Date Checked |

1. **SmartQuote**

|  |  |  |
| --- | --- | --- |
| Broker Created | TaskCompleted | Completed By |
| Users Created | TaskCompleted | Completed By |
| User list sent to broker | TaskCompleted | Completed By |

1. **Directors Approval**

|  |  |
| --- | --- |
| Christo Stonehouse |  |
| George Myburgh |  |
| Geoff Temlett |  |

1. **Tial Loaded**

|  |  |  |
| --- | --- | --- |
| Broker Created | TaskCompleted | Completed By |

1. **Internal Memo Sent to all parties.**

|  |  |  |
| --- | --- | --- |
| Communication Sent | TaskCompleted | Completed By |

1. **Welcoming Email sent.**

|  |  |  |
| --- | --- | --- |
| Communication Sent | TaskCompleted | Completed By |

1. **New National Agreement**

|  |  |  |
| --- | --- | --- |
| Documentation Sent to NNAC | TaskCompleted | Completed By |
| Signed Copy Received from NNAC | TaskCompleted | Completed By |
| Signed Copy Sent to Broker | TaskCompleted | Completed By |

1. **MFRF Agreement**

|  |  |  |
| --- | --- | --- |
| Documentation Sent to MFRF | TaskCompleted | Completed By |
| Signed Copy Received from MFRF | TaskCompleted | Completed By |
| Signed Copy Sent MFRF | TaskCompleted | Completed By |