



APPLICATION FOR CORPORATE MEMBERSHIP

Please note: An application fee of \$250.00 + GST is required with this application or by DC to IBANZ 01 0102 0616789 00 to process this Corporate Membership application.

A receipt will be forwarded to you.

To be forwarded to:

The Chief Executive
Insurance Brokers Association of New Zealand Inc.
P O Box 7053
Wellesley Street
AUCKLAND 1141

1/ NAME OF APPLICANT FIRM _____

If a Firm then give the name of the Principal. If a Partnership give the name of the Nominee Partner. If a Sole Trader give the name of the Sole Trader.

The occupation of the applicant firm is predominantly Fire and General Insurance Broking and/or Risk Management

NO/YES

If **NO** what percentage of Income is from Fire and General Insurance Broking and/or Risk Management ____%

2/ PLEASE LIST THE NAMES OF ALL SUBSIDIARY AND/OR ASSOCIATED FIRMS

Please note that a separate application is required for all subsidiary companies who wish to avail themselves of membership of the Association.

3/ ADDRESS OF PRINCIPAL PLACE OF BUSINESS

Street Address: _____

Post Code of Physical Address _____

PO Box Number: _____

Post Code of Postal Address _____

Telephone Number(s): _____

Facsimile Number: _____

E-Mail/Internet Number: _____

4/ NAME OF CHIEF EXECUTIVE OFFICER FOR COMMUNICATIONS AND VOTING

Name: _____

Position Held: _____

To be completed only if different from above:

Postal Address: _____

Phone Number: _____

Date upon which applicant commenced insurance broking _____ / _____ / _____

The Chief Executive Officer ,or equivalent ,of the Applicant Firm must be an insurance broker and must make application for membership of The Insurance Brokers Association of New Zealand Inc.

5/ NAME OF THE DESIGNATED QIB PERSON (Refer Rules for Criteria)

Name _____

6/ NAME OF THE ACCOUNTANT WHO PREPARES YOUR ANNUAL ACCOUNTS

Firms Name _____

Contact Name _____

Telephone Number _____

7/ BALANCE DATE

Date of annual balance _____ / _____ / _____

8/ NUMBER OF STAFF INCLUDING WORKING PRINCIPALS

The total must cover all principals and employees working 20 hours per week or more engaged either in part or in total in the activities of insurance broker, or risk manager, claims, premium funding. This includes administration staff associated with these activities.

No. of Staff Under 35yrs	<input type="text"/>
No. of Staff 36-55yrs	<input type="text"/>
No. of Staff Over 55yrs	<input type="text"/>

Total Staff as at 31 March:

RFA	<input type="text"/>
AFA	<input type="text"/>
QFE	<input type="text"/>

9/ PROFESSIONAL INDEMNITY INSURANCE & DISHONESTY OF EMPLOYEES

Professional Indemnity Insurance (Please provide Certificate of Currency)

Amount of Cover (recommended 10,000,000 but not less than \$5,000,000):

Insurer: _____ Policy Number _____

Placing Broker (if applicable): _____

Expiry Date: ____ / ____ / ____ Amount of Deductible _____

<p>* Professional Indemnity No less than one million dollars professional negligence cover and no less than \$200,000 for dishonesty of employees.</p>

<p>* Automatic Extensions Auto reinstatement, Consultants/subcontractors, Continuous cover, Defamation, Dishonesty of employees, Loss of documents</p>

Please attach certificate of currency that confirms limited and extensions signed by Insurer.

10/ DIRECTOR DETAILS

Names of Directors:

1/ _____	2/ _____
3/ _____	4/ _____
5/ _____	6/ _____

11/ SHAREHOLDING DETAILS

Names of Shareholders and Percentages held:

Please note that if the shares are held in the name of a nominee then full details of this nominee must be given.

1/ _____ %	2/ _____ %
3/ _____ %	4/ _____ %
5/ _____ %	6/ _____ %

Details of any cross guarantees that may have a direct effect on the operation of the company.

12/ UNDERWRITERS

List the names of two insurance companies (not including Underwriting Agencies) with whom you transact business under Broking or Agency Agreements.

Letters of endorsement from these two underwriters signed by their CEO must accompany any new application for membership, confirming that they transact insurance business with the applicant and are happy to continue to do so.

1. Underwriter: _____

Full Postal Address: _____

Refer To: _____ Telephone: _____

2. Underwriter: _____

Full Postal Address: _____

Refer To: _____ Telephone: _____

Has any Insurance Company or Underwriter with whom you have transacted business ever cancelled or refused to grant you an Agency/Broker Agreement or facility

NO/YES

If yes please give reasons and/or circumstances _____

13/ SOLVENCY

a) State the name and postal address of the applicant firm's bankers.

b) Does the applicant firm operate separate Bank accounts- Trading Account **NO/YES**

- Premium Account **NO/YES**

c) Is Premium funding undertaken from the Premium Account? **NO/YES**

If YES, please advise details

*** Please attach copies of deposit slips for each Account**

d) Has the applicant firm ever made arrangements or composition with its creditors? If so, give particulars, date and place.

e) Has the applicant firm ever had a receiving order made against it or a compulsory winding up order?
If so, give particulars, date and place.

f) Has a receiver of the property of the applicant, or its principals, ever been appointed by the court or by debenture-holders? If so, give particulars, date and place.

g) Has the applicant firm ever been the subject of criminal legal proceedings? If so, give particulars, date and place.

h) Have you or your company ever been declined membership or been expelled from an Industry Association? **NO/YES**

If YES, please give details:

i) Is the applicant Firm aware of any previous, current or pending criminal prosecutions made against the applicant or principals of the Firm? **NO/YES**

If YES, please provide details:

14/ AFFILIATIONS

Is the Applicant Firm affiliated (e.g. by membership or franchise) to any other organisation or association. **NO/YES**

If **YES** supply details_____

15/ UNDERTAKING/DECLARATION

This application must be signed in the following manner. In the case of a Corporation, the Chief Executive Officer. In the case of a Partnership, by its nominee partner. In the case of a Sole Trader, by the Sole Trader.

a) (Name of Applicant Firm) _____

having applied for membership/renewal of membership as a Corporate Member of The Insurance Brokers Association of New Zealand Inc. acknowledges having inspected the Constitution and Rules and Code of Practice of The Insurance Brokers Association of New Zealand Inc., hereby undertakes to abide by, comply with and conform to the Constitution and Rules and Code of Practice of The Insurance Brokers Association of New Zealand Inc., the Insurance Intermediaries Act 1994 and any amendments, together with all other relevant legislation.

b) It is also understood and agreed that a random visit to a Member's place of business may be carried out by a representative of the Board of IBANZ to check on compliance with Membership requirements (unless the Member is externally audited).

c) The Premium Income Declaration for the 12 month period ending ____ / ____ / ____ has been sent to the Chief Executive Officer under separate cover.

d) In addition to negotiating contracts of insurance and reinsurance, the applicant also engages in the following activities:

e) It is clearly understood that the IBANZ Rules do not normally allow for a refund of Membership levies. The following is stated in the Rules "A Member who ceases to be a Member is not entitled to the return of any monies paid by way of entrance fees or subscription provided that in the case of retirement of a Member or the sale of the Corporate Member's corporate business to another Corporate Member, the Board may in its absolute discretion consider a partial refund of the current year's subscription."

NB Pursuant to the Privacy Act 1993, the following is brought to your attention:

This application collects personal information about you and your Shareholders / Directors;

The information is collected to evaluate your firm's eligibility for renewal of membership;

The intended recipients of the information are:

- IBANZ Board, Chief Executive & Staff
- IBANZ Membership Committee (excluding information on premium income)

The information is collected and held by The Insurance Brokers Association of New Zealand Inc.

You have the rights to access, and correction of, this information subject to the provisions of the Privacy Act 1993.

I/We agree to The Insurance Brokers Association of New Zealand Inc. releasing to other parties, personal information regarding this application.

Signature: _____ **Date Signed:** ____ / ____ / ____

_____ for _____
Name of Person Signing **Name of Firm**

Position of Person Signing

15/ PROPOSER AND SECONDER (for New Membership application only)

Name of **Proposer:** _____

Member Firm: _____

Proposers Signature: _____ Date: ____ / ____ / ____

Name of **Seconder:** _____

Member Firm: _____

Proposers Signature: _____ Date: ____ / ____ / ____

<p>Proposer and Seconder must be current IBANZ members. They must each write a letter of recommendation which states how long they have known the applicant and the reasons why they believe the applicant is suited to be a member of The Insurance Brokers Association of New Zealand Inc. These letters must accompany the application.</p>



PREMIUM INCOME DECLARATION

CONFIDENTIAL

Code _____

The Chief Executive
The Insurance Brokers Association of New Zealand Inc.
PO Box 7053
Wellesley Street
Auckland 1141

Our total premium income, excluding GST and levies during the twelve month period ended

____ / ____ / ____ was:

a) Direct \$ _____

b) Reinsurance \$ _____

c) Life \$ _____

TOTAL \$ _____
(excluding GST & levies,
both EQC & Fire Service)

Signed: _____

Designation: _____

Company _____

This information will be used for statistical purposes only and the details will be kept **confidential** to the office of the IBANZ.