



Agency (Broker) Application (International)

Aetna International

Please return this completed form to us.

Aetna International (Middle East) LLC
PO Box 6380
Dubai, UAE

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F: + 971 4 428 7100
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A. Broker Facilities Detail

1a. Broker Trading Name		1b. Trade License Number
1c. Full Company Name – As per Trade License – Kindly attach a copy of valid Trade License		
2a. Company Address		ZIP/Postal Code
Telephone	Fax	Email Address
2b. Registered Address (if different from above)		ZIP/Postal Code
Telephone	Fax	Email Address
3. Occupational/Nature of Business		
4a. Company's Paid-up Share Capital _____		
4b. Is your company:		
a) authorised and regulated by any regulatory authority? If "Yes", please provide the following information along with a copy of your registration certificate or license:		
i) date of registration (Day/Month/Year): _____		
ii) name of authorising body and registration number: _____		
If "No", please state if: i) an application is pending: _____		
ii) an application has not been made: _____		
b) a member or registered with any official insurance institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please name institution. _____		
c) or has it been subject to any regulatory enforcement action? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. a) How many years has your organisation been established? _____		
b) Please provide the full name and address of your agency's ultimate holding company:		

c) Is your organisation registered with its regional data protection registrar?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please state the name of the authorizing body and/or provide a copy of the registration.		

If "No", please explain:		

d) Is your agency or any of its contractors, sub-agents or customers affiliated with a government entity <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please provide details, including the names of the government body/representatives and details of the relationship:		

e) Does your organisation have enforced procedures to prevent inducements from being offered or received to generate business by it, its staff or associates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
f) How many employees including executive directors? _____		
g) How many individuals are actively selling international medical insurance in your organisation? _____		

Please Retain a Copy for Your Records

Policies issued in the United Arab Emirates (UAE) are issued by Royal & SunAlliance (RSA) and administered by Aetna International (Middle East) LLC, an Aetna Company Aetna International (Middle East) LLC. Registered address: 416, Oud Metha office, PO Box 6380, Dubai, UAE. Aetna.

6. If your business has been established for less than two years, please state the following:

a) Name of previous business enterprise or previous employer's name: _____

b) Number of years business was established or duration of employment: _____

c) Contact name, if any: _____

d) Address: _____

ZIP/Postal Code: _____

Telephone: _____

Fax: _____

7. a) Please provide full names and home addresses and qualifications of all the director(s)/partner(s)/secretary/ shareholder(s) involved in your organisation. Also, provide us with the shareholding pattern.

b) Do any of the above named have outstanding legal judgments (including criminal records) against them or have they ever been the subject of regulatory, insolvency or bankruptcy proceedings? If "Yes", please give full details. If "No", please write "none".

8. Do you have professional liability / indemnity insurance coverage? Yes No

If "Yes", please send a copy of your certificate, which should state:

a) With whom is your coverage: _____

b) Policy Effective / Expiration Dates: _____

c) Certificate Number: _____

d) Limit of Indemnity: _____

e) Excess Level, if any: _____

<p>9. a) The annual written premium income for your private medical insurance portfolio is in the range (check applicable premium):</p> <p>i) <input type="checkbox"/> US\$ 0m - US\$ 0.5m</p> <p>ii) <input type="checkbox"/> US\$ 0.5m - US\$ 1m</p> <p>iii) <input type="checkbox"/> US\$ 1m - US\$ 5m</p> <p>iv) <input type="checkbox"/> US\$ 5m - US\$ 10m</p> <p>v) <input type="checkbox"/> US\$ 10m +</p>	<p>b) The approximate breakdown in percentage terms of your international medical insurance portfolio is (write in applicable percentage):</p> <p>i) _____% Individual Business</p> <p>ii) _____% Company Paid Small Group Business</p> <p>iii) _____% Company Paid Large Group Business</p> <p>iv) _____% Optional Group Business</p> <p>v) _____% Groups in "Trust"</p>
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10. Please give the name and address of three other Insurers with whom you have broker/agency facilities in respect of private medical insurance (and from whom we may take references), the date from which they become effective and your approximate premium income with each of them.

a) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

b) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

a) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

B. Bank Details (Completion is optional)

11. Bank Sort Code: _____ Bank Address: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Telephone: _____ Bank Fax Number: _____

12. If available, please supply a copy of your corporate brochure explaining the nature and scope of your operations.

C. Declaration

I/we apply for an appointment to represent Royal & SunAlliance as an Agent. I/we agree that, if this application is accepted, the appointment shall be governed by the terms of Royal & SunAlliance (including acceptance of the terms of its agency agreement).

I/we understand that references may be sought for my/our application and to the best of my/our knowledge and belief the above details are true and accurate. Any attempt to mislead or supply false information to Royal & SunAlliance will result in the denial of the Application.

Applicant's Signature	Date (Day/Month/Year)
Print Applicant's Name	Position in Organisation
Company Stamp	

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