



Agency (Broker) Application (International)

Aetna International

Please return this completed form to:

Aetna International Limited
PO Box 6380
Dubai, UAE

T: + 971 4 433 0400
F: + 971 4 428 7100
E: MEASales@aetna.com

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		
4. a) Company's Paid-up Share Capita _____		
b) Is Your agency:		
1) authorised and regulated by any regulatory companies? 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: _____		
If you have insufficient space in any section, please provide full details on separate sheet. Kindly attach a copy of the registration certificate for our reference and record.		
c) a member or registered with any official insurance institution?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please name institution. _____		
d) or has it been subject to any regulatory enforcement action?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. a) How many years has you organisation been established? _____		
b) Please provide the full name and address of your agency's ultimate holding company:		

c) Is your brokerage/agency 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 or agency?		<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 brokerage/agency have enforced procedures to prevent inducements being offered or received in order to generate business by it, its staff or associates?		<input type="checkbox"/> Yes <input type="checkbox"/> No
f) How many employees are employed at your agency, 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 outside UAE but within Middle East and Africa are issued by Aetna Life & Casualty (Bermuda) Ltd. and administered by Aetna International Limited, an Aetna Company. Aetna International Limited registered address: Unit 101, Gate Village, Building No. 7, Dubai International Financial Centre, PO Box 6380, Dubai, UAE.

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 overage: _____

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: _____

** Aetna International has facility to direct credit commissions payable to your bank account.*

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 Aetna International as an Agent. I/we agree that, if this application is accepted, the appointment shall be governed by the terms of Aetna International (including acceptance of the terms of its agency agreement) in accordance with applicable laws and regulations.

I/we understand that references will be sought for my/our application and to my/our best knowledge and belief the above details are true and accurate. Any attempt to mislead or supply false information to Aetna International will result in the voiding of the application/agency.

Print Applicant's Name	Position in Organisation
Company Stamp	

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