

Section A

Name of applicant			Primary Occupation	
Business address				
Postal address (if different from above)				
Website address				
Agency contact email address				
Contact person	(Mr, Mrs, Miss, Ms)			
Telephone numbers	Business		Private	
	Facsimile		Mobile	

Section B

Type of business:	Sole proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Private company <input type="checkbox"/>	Public company <input type="checkbox"/>	Incorporated society <input type="checkbox"/>
Name, address and details of beneficial owners/partners/directors or, if a registered company, principal managers					
Name	Private address	Professional qualifications	Insurance experience		
1.					
2.					
3.					
4.					
Have any of the above recorded criminal convictions? If Yes, please supply details.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If a registered company:					
Authorised/nominal capital	\$	Issued capital	\$	Paid-up capital	\$
Major shareholders:					
Name	Address	No. of shares	Value		
1.					
2.					
3.					
4.					
Date business commenced	/	/	Date company incorporated	/	/
Address of registered office					
Address(es) of office(s) in New Zealand					
Names of subsidiary or other associated companies					

Section C – General Business Information

Do you place insurance with other insurers? If Yes, please supply details below.		Yes	No
Name of insurer		Branch	
1.			
2.			
3.			
4.			
5.			
6.			

Are you a member of IBANZ?	Yes	No	Other professional bodies of industry organisations	
If other professional body, please supply name of organisation				
If <i>not</i> , do you intend applying for membership?			Yes	No

	\$	Insurer	Classes of business	Due date
Professional Indemnity cover held <small>(minimum amount required is \$2million)</small>				
Fidelity Guarantee Insurance held				

Have you or any of your partners, directors, beneficial owners or principal managers made any Professional Indemnity or Fidelity Guarantee claims? If Yes, please supply details below.	Yes	No
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Please list Referees below

Name	Address	Contact telephone no.
1.		
2.		
3.		

IRD number	GST number
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Are you exempt from withholding tax?	Yes	No
Are your Annual Accounts prepared by a Chartered Accountant?	Yes	No
Does your Accountant have a current practicing certificate?	Yes	No

Name of Accountant	
Address of Accountant	

Name of Solicitor	
Address of Solicitor	

If you are a Sole Proprietor, please indicate whom we should contact in the event of your death, disappearance or disability:

Name	
Address	
Telephone	

Your business must have a separate trust account used solely for depositing insurance premiums.
Please give name of account, bank and branch.

Please give details of the bank account you want your commission payments to be direct credited to.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch				Account Number						Suffix								

Please supply a deposit slip.

Have you or any of your partners, directors, beneficial owners or principal managers, or any business with whom any have been associated ever

(a) been bankrupt, insolvent, in liquidation or required special arrangements with creditors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) been declined an insurance agency or had an agency terminated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes, to (a) or (b), please give full details.

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

Does your company own a computer system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please give details below.				

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

Do you want expiry notices sent	Direct to client	<input type="checkbox"/>	To agency	<input type="checkbox"/>	Not required	<input type="checkbox"/>	To agent and client	<input type="checkbox"/>
Do you want pre-expiry lists of policies falling due?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

I/We...
(a) declare that to the best of my/our knowledge and belief the foregoing answers are true and correct and I/we have not withheld any information likely to affect the acceptance of this application;
(b) hereby grant authority to Vero Insurance New Zealand Limited to approach the Referees named above who are authorised to supply any information required.

Signature	<input type="text"/>	Date	/	/	<input type="text"/>
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Section D

Your application cannot be completed unless you have attached the following...

- Bank account deposit slip
- IR 330 or IRD's certificate of exemption (if you are not a registered company) certificate of incorporation (if you are a registered company)
- Copy of your Professional Indemnity Certificate of Cover

Please supply the following latest financial information...

- Balance sheets
- Profit and Loss Accounts
- Statement of Assets and Liabilities

