

Underwriting Agencies Council

VOTING MEMBER APPLICATION

DETAILS OF APPLICANT FIRM

Company name:

ABN:

or New Zealand IRD number:

Street address:

Postal address:

Telephone:

Name of contact person:

AFSL number:

Email:

SUBSIDIARY COMPANIES

Do you wish to include any subsidiary companies?

Yes

No

If yes, name additional agency business subsidiaries:

AUTHORISATION

Is the applicant company authorised by an insurer or underwriter or other insurance security to bind, issue, renew, endorse and cancel insurance policies on their behalf? Yes No

PRINCIPAL CONTACT

This is the person you would like UAC to contact if required.

Title: _____ Name: _____
Email: _____ Telephone: _____

INSURANCE PRODUCTS AND SERVICES

Please describe the insurance products and/or services provided by your company:

EMPLOYEE DETAILS

Total number of employees (including those working for subsidiary agencies):

Directors and principals:

Underwriting/claims/technical staff:

Administration and support personnel:

Names of all directors and principals:

Please attach current CVs for all directors and principals.

SECURITY FOR YOUR AGENCY

This information is for UAC use only and is strictly confidential.

Please select from the list below the underwriters applicable to your company:

Australian/New Zealand licensed insurers:

How many?

Percentage of your total portfolio:

Lloyd's syndicates:

How many?

Percentage of your total portfolio:

Direct offshore foreign insurers (DOFIs)

How many?

Percentage of your total portfolio:

For any DOFIs used, how do you satisfy yourself as to:

- a. Security rating:
- b. Capital adequacy:
- c. Reinsurance they may use:
- d. Adequacy of any regulatory regime in their place of domicile/registration:

UAC WEBSITE INFORMATION

If your membership application is successful, this information will be added to the UAC website. Please advise if you do not wish your information to be added to the website.

Company name:

Australian ABN:

AFS licence number:

or New Zealand IRD number:

Office address(es):

Contact name:

Contact name:

Title:

Title:

Telephone:

Telephone:

Fax:

Fax:

Email:

Email:

Website address:

Specialist products:

What would you like brokers to know about your agency's unique services and products?

Please insert the name of your company here:

applies to become a Voting Member of the Underwriting Agencies Council and agrees to comply with, and conform to, the Underwriting Agencies Council's Constitution, Code of Business Standards & Ethics, and membership criteria, as set out for the time being and from time to time.

SIGNATURE OF APPLICANT

Name of signatory:

Title:

Signature:

Date:

Witness's name:

Witness's signature:

Date:

ELECTRONIC COMMUNICATION

Do you consent to receive notices or other UAC documentation by email?

Yes

No

If yes, please supply the email address to which notices should be sent:

Thank you for completing the application.

The UAC board of directors will consider your application and respond as soon as possible.

Please return to UAC, PO Box Q272, Queen Victoria Building, NSW 1230 or email to **admin@uac.org.au**