

APPLICATION TO BE APPOINTED AS AN INTERMEDIARY OF CALIBRE INSURANCE

calibre
INSURANCE

Calibre Commercial Insurance Pty Ltd (ABN 86 603 039 023, AFSL 474540) ('Calibre Insurance') acting under a binder as agent for The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473, AFSL 241436) ('Hollard').

1. **APPLICANT'S REGISTERED ENTITY NAME**

2. **ANY REGISTERED BUSINESS/TRADING NAMES**

3. **ABN/ACN**

4. **AFS LICENCE NO.**

5. **AUTHORISED REPRESENTATIVE NUMBER (AS ASSIGNED BY ASIC)**

6. **BUSINESS STREET ADDRESS**

7. **BUSINESS POSTAL ADDRESS**

8. **BUSINESS TYPE** Sole Trader Partnership Company

9. **DATE & PLACE OF INCORPORATION**

10. **COMPANY CONTACT DETAILS**

Business Phone

Mobile

Fax

Email

Website

Registered Business Address

Postcode

11. **ACCOUNT NAME & ADDRESS TO APPEAR ON CORRESPONDENCE**

Name

Address

Postcode

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12. PLEASE SPECIFY THE CONTACT PEOPLE WITHIN YOUR ORGANISATION, INCLUDING CONTACTS FOR CLAIMS AND ACCOUNT ENQUIRIES:

1. Name Title

Email

Phone Fax

2. Name Title

Email

Phone Fax

3. Name Title

Email

Phone Fax

13. PLEASE SPECIFY THE RESPONSIBLE MANAGERS (ASIC) WITHIN YOUR ORGANISATION (PLEASE PROVIDE AT LEAST 2)

1. Name Title

Email

Phone Fax

2. Name Title

Email

Phone Fax

We acknowledge that Calibre Insurance may obtain appropriate credit and criminal record checking on the persons registered as Responsible Managers of the business.

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14. IF A COMPANY OR PARTNERSHIP, PLEASE ADVISE NAMES AND HOME ADDRESSES OF DIRECTORS OR PARTNERS:

(if more than 3 please attach further details to this form)

1. Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

15. TRAINING FRAMEWORK

1. Do you have a training program that is RG146 compliant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Do you maintain a current training register?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Please list the people in your business who are Tier 1 and Tier 2 qualified.				
Tier 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. (A) MAIN BUSINESS ACTIVITY?

(B) OTHER BUSINESS ACTIVITIES?

17. IF THE BUSINESS NAME HAS BEEN CHANGED IN THE LAST FIVE YEARS, WHAT WAS THE PREVIOUS NAME & ADDRESS?

Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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18. NUMBER OF STAFF EMPLOYED BY YOUR ORGANISATION DEALING WITH GENERAL INSURANCE?

(Agents, please attach Code of Practice & Tier Certificate for each employee.)

19. APPROXIMATE GWP CURRENTLY PLACED WITH:

Name of Underwriter	Home	Business	Other
<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"/>

20. APPROXIMATE GWP EXPECTED TO BE PLACED WITH CALIBRE IN THE FIRST 12 MONTHS:

21. DO YOU HAVE A CURRENT AUTHORISED REPRESENTATIVE AGREEMENT IN PLACE WITH ANY OTHER AFS LICENSEE? IF SO, WHAT IS THE DATE OF THAT AGREEMENT AND PLEASE LIST THE NAME OF THE PRINCIPAL CONTACT.

Date of agreement	<input type="text"/>	Principal contact	<input type="text"/>	Company	<input type="text"/>
Date of agreement	<input type="text"/>	Principal contact	<input type="text"/>	Company	<input type="text"/>
Date of agreement	<input type="text"/>	Principal contact	<input type="text"/>	Company	<input type="text"/>
Date of agreement	<input type="text"/>	Principal contact	<input type="text"/>	Company	<input type="text"/>
Date of agreement	<input type="text"/>	Principal contact	<input type="text"/>	Company	<input type="text"/>
Date of agreement	<input type="text"/>	Principal contact	<input type="text"/>	Company	<input type="text"/>
Date of agreement	<input type="text"/>	Principal contact	<input type="text"/>	Company	<input type="text"/>

22. DO YOU PROPOSE TO OPERATE AS: A registered Insurance Broker An Authorised Representative

IF YOU ARE PROPOSING TO OPERATE AS A REGISTERED INSURANCE BROKER, PLEASE ADVISE:

(a) Name in which registration is held

(b) AFSL No.

NOTE - Calibre Insurance may request additional information with regards to the appointment of Authorised Representatives (AR) and any such appointment will be subject to parties entering into an Authorised Representative Agreement.

23. HAS ANY INSURER DECLINED AN APPLICATION OR REVISED OR CANCELLED THE TRADING TERMS OF ANY PERSON, CORPORATION OR BODY NAMED IN THIS APPLICATION? (If yes, please give details) Yes No

24. DO YOU CONDUCT BUSINESS UNDER ANY OTHER BUSINESS/TRADING NAMES? (If yes, please specify States/Territories and trading names used) Yes No

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25. TO WHICH PROFESSIONAL BUSINESS OR TRADE ASSOCIATION(S) DO YOU BELONG?

26. PLEASE SUPPLY DETAILS OF YOUR CURRENT PROFESSIONAL INDEMNITY POLICY AND PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF CURRENCY:

Name of Insurer/Broker

Policy No.

Expiry date

Limit of indemnity

\$

Excess applicable

\$

DOES YOUR POLICY COVER: (Please attach copy of policy)

(a) Insurance operations?

Yes

No

(b) Operations of binder?

Yes

No

27. DOES YOUR PROFESSIONAL INDEMNITY POLICY COMPLY WITH RG126?

Yes

No

28. STATE THE NAME AND ADDRESS OF THE AUDITOR OF YOUR INSURANCE PREMIUM/BROKING ACCOUNT (IF APPLICABLE).

Name

Address

Postcode

29. WHAT ARE THE PROPOSED ARRANGEMENTS FOR MONEYS HELD IN TRUST ON BEHALF OF CALIBRE INSURANCE.

PLEASE ATTACH A COPY OF THE PROCEDURES MANUAL THAT DOCUMENTS THESE ARRANGEMENTS.

(a) Banked solely in a non-statutory single trust account

Yes

No

(b) Banked in a non-statutory trust account together with other trust moneys

Yes

No

(c) Other - give details

(d) Please state the proposed/current account name, financial institution and location where Calibre's premiums will be held in trust.

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30. DO YOU CHARGE A POLICY/INTERMEDIARY ADMINISTRATION FEE?

Yes

No

HOW IS THIS FEE DESCRIBED AND HOW IS IT INCORPORATED IN DOCUMENTATION TO INSUREDS?

(Please attach sample copies of documentation)

31. ARE THERE ANY MORTGAGES, CHARGES, LIENS, PERSONAL PROPERTY SECURITIES OR OTHER ENCUMBRANCES HELD OVER ANY OF THE ASSETS OF THE BUSINESS?

Yes

No

If so, please provide details including type, duration, amount and purpose.

32. DO YOU HAVE A COMPLAINTS HANDLING AND DISPUTE RESOLUTION PROCESS THAT COMPLIES WITH RG 165?

Yes

No

If so, please attach a copy of the procedures manual that documents this process.

33. DO YOU HAVE A BREACH REPORTING PROCESS THAT COMPLIES WITH RG 78?

Yes

No

If so, please attach a copy of the procedures manual that documents this process.

34. DO YOU MAINTAIN A CURRENT SUITE OF STATUTORY DISCLOSURE DOCUMENTATION?

Yes

No

If so, please attach a copy of the current FSG, and any other relevant documents that you supply to retail clients.

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35. INSURANCE INDUSTRY REFEREES:

Name

Company

Title

Phone

Name

Company

Title

Phone

Name

Company

Title

Phone

36. DO YOU WISH CLAIMS ADVICES TO BE DEALT DIRECTLY WITH THE INSURED OR VIA YOUR OFFICE?

Insured

Office

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I / We now make an application to be appointed as an intermediary and declare that the answers given are true and correct.

I / We declare that we have read, understood and agree to be bound by Calibre Insurance's Terms & Conditions: <http://www.calibreinsurance.com.au/wp-content/uploads/termsoftrade.pdf>. We also acknowledge that Calibre Insurance may amend the Terms and Conditions of Trade by providing 30 days' notice.

We acknowledge that Calibre Insurance may undertake appropriate credit and criminal record checks on the persons registered as Responsible Managers of the business.

Calibre Insurance respects your privacy and operates at all times in accordance with its Privacy Policy. Any personal information provided by you will be treated in accordance with the *Privacy Act 1988* (Cth). Calibre Insurance collects the personal information above to provide you with the subscription option(s) that you have selected. Your details will be put onto the Calibre Insurance broker database and Calibre Insurance will use this information to provide you with Calibre Insurance product updates or marketing materials that align with your subscription options. You will be provided with a means to opt out of the materials sent to you. Your personal information will be passed on to external third parties for the purposes of administering or managing Calibre Insurance's database. Your personal information may be disclosed to overseas entities. If you do not wish to provide your first or last name, you may subscribe under a pseudonym. If you do not provide the information requested we will not be able to subscribe you to the updates that you would like to receive.

In accordance with Calibre Insurance's Privacy Policy you may obtain access at any time to personal information that Calibre Insurance or its service providers hold on you. Calibre Insurance's Privacy Policy contains information about how to access and correct the personal information Calibre Insurance holds on you and also how to complain about a breach of privacy. If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Calibre Insurance's Privacy Officer by:

- **Phone:** 1300 306 226;
- **Fax:** 1300 559 936;
- **Email:** privacy@calibreinsurance.com.au;
- **Mail:** to Privacy Officer, Locked Bag 2010, St Leonards NSW 1590

You can also download a copy of Calibre Insurance's Privacy Policy at www.calibreinsurance.com.au/privacy-policy-pdf

Signed by/for and on behalf of the applicant

Date

THANK YOU. WE WILL CONTACT YOU SHORTLY.

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INTERNAL OFFICE USE ONLY
(TO BE COMPLETED BY DEVELOPMENT MANAGER)

All application questions answered

Yes No

AFSL number verified

Yes No

D&B report completed

Yes No

Copy of Terms and Conditions of Trade
provided to the Intermediary

Yes No

Development Manager

Date