



New Membership Application 2011

To apply to join AMII, please complete and return this form, together with a copy of your current Professional Indemnity Certificate of Insurance, and a cheque for £100 for your Application Fee (cheques made payable to "A.M.I.I.")

On acceptance of your application, you will be invoiced for your Membership Fee for 2011 (a pro-rata amount based on your date of acceptance to 31st December 2011)

Please forward the above and your completed application form to:

Michael Payne, General Secretary, AMII,
c/o Suites 23/24, Colchester Business Centre
1 George Williams Way, Colchester, CO1 2JS

COMPANY DETAILS

Company Name: _____
Name of Principal(s): _____
Position Held: _____
Address: _____

Postcode: _____
Tel No (incl. STD): _____
Fax No: _____
Contact Person for Association Correspondence: _____
Contact Email Address: _____
Web-site Address: _____
Date Business Established: _____

FINANCIAL SERVICES AUTHORITY DETAILS

Are you Directly Authorised by the FSA or an Appointed Representative? *(tick one box)* Directly Authorised Appointed Representative

Please supply your FSA Authorisation Number: _____

If an Appointed Representative, please supply the name of your Principal and their Authorisation Number: _____

Is the Principal person (as listed above) an Approved Person with the FSA? Yes No

Please state the person in your Company with the Apportionment and Oversight Function. _____

PRIVATE MEDICAL INSURANCE DETAILS

No. of years PMI Experience: _____ No. of PMI Insurer Agencies Held: _____
No. of PMI Sales Staff: _____ No. of PMI Sub Agents: _____

2011

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£100 to tr _____
£__ to tr _____

continued overleaf/...

PRIVATE MEDICAL INSURANCE DETAILS - *continued*

Please provide Agency Numbers for at least six health insurers that you hold active agencies with:

AVIVA Health	_____	AXA PPP Healthcare	_____
BUPA	_____	BUPA International	_____
CIGNA	_____	Exeter Family Friendly	_____
Freedom	_____	Goodhealth	_____
Groupama Healthcare	_____	Health-on-Line	_____
Interglobal	_____	National Friendly	_____
Patient Choice	_____	Permanent Health Comp	_____
PRU Health	_____	Secure Health	_____
Simply Health	_____	Westfield	_____
WPA	_____	Other	_____

Have you had any Agencies withdrawn in the last 3 years? YES NO

If YES, please state the reason why: _____

Please use a separate sheet if necessary

Do either (a) any Directors of your brokerage have any connection with an insurer?
 OR (b) is the brokerage tied, for any reason, to an insurer? YES NO

If YES, please supply full details on a separate sheet.

Name of your Professional Indemnity Insurer: _____

Please indicate your approximate Gross Annual Private Medical Insurance Premium Income
 (note: **PREMIUM** income, NOT commission) £0 - £2 million (Annual m/ship fee: £206)
 This figure will be used to assess your Annual £2 - £5 million (Annual m/ship fee: £361)
 Membership Fee. £5 - £10 million (Annual m/ship fee: £515)
 (No not include other forms of insurance) £10 million + (Annual m/ship fee: £773)

Approximate split of PMI business: _____ % Corporate
 _____ % Individual

Please detail any insurances you may sell aside from Private Medical Insurance:

Approximately what percentage of your business does PMI form: _____ %

CONSENT AND DECLARATIONS

The information you give will be held and used by AMII to process your application and provide membership services. Other carefully selected organisations may be allowed access to sufficient of the information to enable AMII to offer membership services to you through these organisations. If you would prefer NOT to receive membership services from other organisations, please tick this box.

I/We are applying for Full Membership of the Association of Medical Insurance Intermediaries.

I/We consent to six references being taken as stated in this application.

I/We agree to be bound by the Constitution and Code of Conduct of AMII .

I/We consent to our details appearing in the AMII Members Directory and on the "Find-A-Member" section of the AMII Website. (If you DO NOT wish to appear in these publications, please tick this box)

I/We enclose our cheque for the initial Application Fee of £100 (made payable to "A.M.I.I"). I understand that we will be invoiced for the pro-rata Membership Fee on acceptance of our application for membership.

I declare that the information I have given in this application form is true and accurate.

Signature: _____ Print Name: _____
 Position: _____ Date: _____

2011	FOR OFFICE USE
	No. _____ Web <input type="checkbox"/> Dbase <input type="checkbox"/>