



New Membership Application 2020/21

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 £150 (inc. VAT) for your Application Fee (cheques made payable to "A.M.I.I.")

On acceptance of your application, you will be invoiced for your Annual Membership Fee for 2020-21 (*firms joining after 1st November 2020 will pay 50% of the annual fee to the next renewal date, 1 April 2021*)

Please forward the above and your completed application form to:

Michael Payne, General Secretary, AMII,
The Old Schoolhouse, Whitecross,
Penzance, Cornwall, TR20 8BT

COMPANY DETAILS

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

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

FINANCIAL CONDUCT AUTHORITY DETAILS

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

Please supply your FCA 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 FCA? 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: _____

2020

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£150 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:

Aetna	_____	AVIVA Health	_____
AXA PPP Healthcare	_____	AXA PPP International	_____
BUPA	_____	BUPA International	_____
CIGNA	_____	Exeter Family Friendly	_____
Freedom	_____	General & Medical	_____
Health-on-Line	_____	Health Shield	_____
Permanent Health Comp	_____	Simply Health	_____
Vitality 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Have you had any Agencies withdrawn in the last 3 years?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.

Have you, or any principal, director or partner under a current or previous trading title: (a) been declared bankrupt or insolvent; (b) been convicted of any criminal offence (other than motoring offences); or (c) had any fine or sanction imposed by the Financial Conduct Authority (FCA) or predecessors? 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: £250 + vat)
This figure will be used to assess your Annual £2 - £5 million (Annual m/ship fee: £437.50 + vat)
Membership Fee. £5 - £10 million (Annual m/ship fee: £625 + vat)
(Do not include other forms of insurance) £10 million + (Annual m/ship fee: £1000 + vat)

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

Approximate number of clients: _____ SME/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 membership application and provide membership services, including invitations to meetings and events. 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. **PLEASE TICK THE BOX to confirm that you give consent for your company information to be shared by AMII in this way.**

I/We are applying for Full Membership of the Association of Medical Insurers and Intermediaries and consent to six references being taken as stated in this application, in support of our 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-An-Expert" 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 £150 (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: _____

2020	FOR OFFICE USE
	No. _____
	Web <input type="checkbox"/> Dbase <input type="checkbox"/>

