

New Member Application Form 2021/22

To apply to join AMII, please complete and return this form together with a copy of your current Professional Indemnity Certificate of Insurance to Emma Chapman, AMII, PO Box 408, Cobham, Surrey, KT11 9FQ or scan and send to emma.chapman@amii.org.uk. Emma will also give you bank details for payment of the £150 application fee.

Company Details

Company Name:		Name of Principal(s):	Position held:
Address including postcode:			
Contact person for Correspondence:		Tel No:	Contact email address:
ICO Registration Number:	Date Business established:	Website Address:	

Financial Conduct Authority Details

Are you directly Authorised by the FCA or an Appointed Representative? 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 Sales Staff:	No. of PMI Insurer Agencies held:	No. of PMI Sub Agents:
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 Friendly Society	_____
Freedom	_____	General & Medical	_____
Health-on-Line	_____	Health Shield	_____
PHC	_____	Simply Health	_____
Vitality Health	_____	Westfield	_____
WPA	_____	Other	_____

Private Medical Insurance Details *continued*

Have you had any Agencies withdrawn in the last 3 years? Yes No

If YES, please state the reason why:

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 give details:

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 FCA or predecessors? Yes No

If YES, please give details:

Please indicate your approximate Gross Annual **Private Medical Insurance** Premium Income
(*PREMIUM income, NOT commission. Do not include other forms of insurance*)

- £0 - £2 million (Annual m/ship fee: £250 + VAT)
- £2 - £5 million (Annual m/ship fee: £437.50 + VAT)
- £5 - £10 million (Annual m/ship fee: £625 + VAT)
- £10 million + (Annual m/ship fee: £1000 + VAT)

This figure will be used to assess
your Annual Membership Fee.

Approximate split of PMI business:

% Corporate % Individual

Approximate number of clients:

SME/Corporate Individual

Please name your Professional Indemnity Insurer:

Approximately what percentage of your business does PMI form:

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

Consent and Declarations

The information you give will be held and used by AMII to process your membership application and provide the 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 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, tick this box)

I/We will pay our Application Fee of £150 to the AMII bank account. I understand that we will be invoiced for the pro-rata Membership Fee on acceptance of our application.

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

Signature: _____

Print Name: _____

Position: _____

Date: _____