

New Member Application Form 2025/26

To apply to join amii please complete electronically and return this form together with a copy of your current Professional Indemnity Certificate of Insurance to Tina Jennings, amii, PO Box 299, Petersfield, GU32 9GY or email to tina.jennings@amii.org.uk. Upon receipt Tina will issue an invoice along with the amii bank details for payment of the £150 application fee. When payment is received the application process will then commence.

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|--|----------------------------|-----------------------------------|------------------------|
| Company Details | | | |
| Company Name: | | Name of Principal(s): | |
| | | Position(s) held: | |
| Address including postcode: | | | |
| Contact Name(s) & Job title 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 the Principal business 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: | | | |
| Allianz Partners | | April International | |
| AVIVA Health | | AXA Health | |
| AXA - Global Healthcare | | BUPA | |
| BUPA Global | | Cigna International | |
| Expacare | | The Exeter | |
| Freedom Health | | Health Compass | |
| Health-on-Line | | Medicash | |
| Health Shield | | Now Health Simply | |
| Morgan Price International | | Health Westfield | |
| PHC | | BHSF | |
| Vitality Health | | Other | |
| WPA | | | |

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Have you had any Agencies withdrawn in the last 3 years?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

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 the approximate value of your Group, Individual & International **Private Medical Insurance** annual premium placed less IPT (API) in one of the bands below (*PREMIUM income, NOT commission. Do not include other forms of insurance*)

£0 - £2 million (*Annual m/ship fee: £300 + VAT*)

£2 - £5 million (*Annual m/ship fee: £500 + VAT*)

£5 - £10 million (*Annual m/ship fee: £700 + VAT*)

£10 million + (*Annual m/ship fee: £1,100 + VAT*)

This figure will be used to assess your Annual Membership Fee. You are responsible for notifying amii when this changes.

Approximate split of PMI business:

% SME/Corp

% Individual

Approximate number of clients:

SME/Corp

Individual

Please name your Professional Indemnity Insurer:

Approximate percentage of your business is PMI:

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 membership services, including invitations to meetings and events. Other carefully selected organisations may be allowed access to sufficient information to enable amii to offer you membership services through these organisations.

PLEASE TICK THE BOX if you DO NOT consent to your company information being shared by amii in this way.

I/We are applying for full membership in 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 agree that at least one representative from our business will attend the amii Summits.

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 £125+ VAT to the amii bank account. I/We understand that we will be invoiced for the pro-rata Membership Fee on acceptance of our application and that the minimum term is 12 months upon joining.

I/We understand that amii membership acceptance and fees payable relate exclusively to the applicant's company name only. I/We understand that our amii membership is not transferable or permissible to extend to other companies within our group or appointed representatives that do not exclusively operate under the same name as our company.

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

Signature:

Print Name:

Position:

Date: