

For office use only SR No. <div></div>
--



Please return to: Agency & Commission Services (Dept. 05)  
Aviva Health UK Limited  
Hampshire Corporate Park  
Templars Way  
Eastleigh  
SO53 3RY

# Agency application

## 1. General details Please complete in BLOCK CAPITALS and in black ink.

Full, official company or business name	<div></div>		
Trading name (if different)	<div></div>		
Full postal address from which the agency is to be conducted	<div></div>		
	<div></div>		
	<div>Postcode</div>		
Registered address, if different	<div></div>		
	<div></div>		
	<div>Postcode</div>		
Telephone number(s)	<div></div>		
Email address	<div></div>		
What is the status of the business? Please tick as appropriate	<input type="checkbox"/> Sole trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Company. If so, enter registered number: <div></div>
	Other, please specify <div></div>		

## Do you hold any Aviva agency numbers already?

If so what are they


2. Business details

What is the nature of your business?	
Do you undertake any other types of business?	
If so, what is the nature of the other business/businesses?	

Please supply the following information for all principals, partners or directors:

Title and surname	
Forename(s)	
Residential address - if at this address for less than three years, please give previous address below	
	Postcode
Previous address (if at above address for less than three years)	
	Postcode
Date of birth	

---

Title and surname	
Forename(s)	
Residential address - if at this address for less than three years, please give previous address below	
	Postcode
Previous address (if at above address for less than three years)	
	Postcode
Date of birth	

Title and surname	<div></div>
Forename(s)	<div></div>
Residential address - if at this address for less than three years, please give previous address below	<div></div>
	<div></div>
	<div>Postcode</div>
Previous address (if at above address for less than three years)	<div></div>
	<div></div>
	<div>Postcode</div>
Date of birth	<div></div>

---

Title and surname	<div></div>
Forename(s)	<div></div>
Residential address - if at this address for less than three years, please give previous address below	<div></div>
	<div></div>
	<div>Postcode</div>
Previous address (if at above address for less than three years)	<div></div>
	<div></div>
	<div>Postcode</div>
Date of birth	<div></div>

### 3. Authorisation

Are you authorised by the Financial Conduct Authority? ☐ Yes ☐ No

Firm reference number

Are you exempt from Financial Conduct Authority authorisation by virtue of membership of a designated professional body or regulated by a different body? If so, give details here:

Name of body

Registration number

Dates of registration

Dates of termination

Do you hold or have you ever held any licence authorisation or registration/notification under:

- The Consumer Credit Act 1974 *(Please attach a copy of your licence if one is currently held.)* ☐ Yes ☐ No

- The Data Protection Act or any other applicable replacement legislation ☐ Yes ☐ No

Have you, your partners, or directors, or has any business in which you, your partners, or directors have been involved ever:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| - become subject to any investigation or adverse finding, whether past or pending, by any regulatory, trade, professional, public, industry or consumer body or by any tax or government authority? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - been the subject of any bankruptcy or insolvency action or proceedings?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - had refused, suspended, withdrawn or made subject to non-standard conditions or restrictions any licence, permission or authorisation to do any type of business?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - been a defendant in any civil proceedings or a party to any arbitration in relation to any financial business or the subject of any criminal proceedings?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - ceased trading in circumstances in which one or more of your creditors did not receive full payment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - been disqualified from acting as a director of a company or from acting in the management or conducting the affairs of any company, partnership or unincorporated association?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - been convicted of any criminal offence, other than motoring (or is any prosecution pending)? (1974 Rehabilitation Act applies)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - been charged with any offence involving violence, fraud or other dishonesty?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - had membership relating to a regulatory or professional body refused or withdrawn   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - been an appointed representative of an insurance company or an independent intermediary   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - been a member of a network  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Had an application to represent an insurance office refused, or a previous agency cancelled?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the above, please provide details using a separate sheet

## 4. Account requirements

Do you require separate agency accounts for each office or appointed representative?

☐

Yes

☐

No

If yes, please provide address details for each office or appointed representative on a separate sheet of your letterheaded paper.

Commission statements will be sent to:

1. you, if you are a directly authorised agent; or
2. the principal for all appointed representatives where the principal is to be paid the commission direct; or
3. the appointed representative (AR) where the principal has elected for commission to be paid to the AR direct.

---

## 5. Method of payment

Commission will be paid by Credit Transfer to the bank account specified below. If you require payment to be made to each office detailed in (7) above, please provide relevant bank account details on a separate sheet of your letterheaded paper.

Bank name and address

Payment frequency

Monthly

☐

Weekly

☐


Sort code

--	--	--	--	--	--

Account no.

--	--	--	--	--	--	--	--	--	--

Account name

--

Please tick the required commission structure:-

☐

A. Indemnity Commission

Private Medical Insurance - 12 months upfront payment of the annual premium (net of IPT), any mid-term changes will result in a pro-rata claw back or payment

Income Protection - 150% with 48 months pro-rata claw back then 2.5% renewal commission year five onwards with a 12 months pro-rata claw back.

☐

B. Non Indemnity Commission

Private Medical Insurance - Commission is paid on receipt of premium.

Income Protection - 39% Initial Commission for years 1 to 4, then 2.5% Renewal Commission year five onwards, both paid on receipt of premium.

Please note that Aviva may grant indemnity terms subject to credit checks. NB Non-indemnity and cheque payment only possible on company PMI schemes above 50 principal lives. Group Income Protection schemes do not qualify for indemnity commission.

By providing these details you are confirming that you authorise us to:

- i) Make all commission payments and clawbacks to that account on your behalf, and
- ii) you remain primarily liable to us for all liabilities that arise from your agency with us and in particular to remain liable for any clawback of commission should we be unable to secure the same from the account above.

## 6. Indemnity Declaration

- I understand that Group Income Protection, Critical Illness and Corporate Private Medical insurance schemes do not qualify for indemnity commission.
- I understand that the commission structure will apply to either Private Medical Insurance (both Individual and SME) and Individual Income Protection Business.
- I understand that, in exchange for Aviva Health UK offering this alternative commission structure, Aviva Health UK will have the right:
  - To require the Agent to repay Aviva Health UK all commission paid on a policy which relates to the period after the date of cancellation, where that policy is cancelled by either Aviva Health UK or the policyholder for any reason other than non-disclosure of a material fact.
  - To require the Agent to repay to Aviva Health UK all commission paid on a policy since its inception, where Aviva Health UK is entitled to cancel that policy due to non-disclosure of a material fact.
  - To set off against commission payable any sums due (including clawback commission) from the Agent to Healthcare.

## Declaration

- I/we declare the information given is correct and hereby apply for an agency in the United Kingdom for the introduction of private medical insurance and/or income protection business with Aviva Health UK Limited on its standard agency terms.
- I/we understand that the agency, if granted, may be terminated by either party without reason. The agency will in any event be kept under review and is likely to be terminated if for example the standard of administration, payment of accounts, volume and standard of business introduced is not acceptable to Aviva Health UK Limited.
- I/we confirm that I/we have read and understood the ABI Statement of Best Practice (if selling PMI) and undertake to comply with it if I/we have provided a copy to any sub-agents/employees who are responsible for selling Aviva products and will ensure their adherence to the above.

**All Partners / Directors / Principles to sign below**

**Circle appropriate response**

**Please use a separate piece of letterheaded paper if necessary.**

[illegible]

Our terms of service can be found by visiting the health adviser website. Simply search **Aviva health adviser**.

Aviva Health UK Limited. Registered in England Number 2464270. Registered Office 8 Surrey Street Norwich NR1 3NG. Authorised and regulated by the Financial Conduct Authority. Firm Reference Number 308139. A wholly owned subsidiary of Aviva Insurance Limited. Aviva health insurance and income protection insurance products are underwritten by Aviva Insurance Limited. Registered in Scotland, No 2116. Registered Office: Pitheavlis, Perth, PH2 0NH. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm reference number 202153. Aviva Health UK Limited acts as agent of Aviva Insurance Limited for the purposes of: (i) receiving premium from our clients; and (ii) receiving and holding claims money and premium refunds prior to transmission to our client making the claim or entitled to the premium refund.  
[www.aviva.co.uk/health](http://www.aviva.co.uk/health)

