



For office use only SR No.  
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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

Trading name (if different)

Full postal address from which the agency is to be conducted   
  
Postcode

Registered address, if different   
  
Postcode

Telephone number(s)

Email address

What is the status of the business? Please tick as appropriate  Sole trader  Partnership  Limited Company. If so, enter registered number:

Other, please specify

### 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

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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

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Postcode

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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

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Postcode

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<input type="text"/>
<input type="text"/>

Postcode

Date of birth

### 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?  Yes  No
- been the subject of any bankruptcy or insolvency action or proceedings?  Yes  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?  Yes  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?  Yes  No
- ceased trading in circumstances in which one or more of your creditors did not receive full payment?  Yes  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?  Yes  No
- been convicted of any criminal offence, other than motoring (or is any prosecution pending)? (1974 Rehabilitation Act applies)  Yes  No
- been charged with any offence involving violence, fraud or other dishonesty?  Yes  No
- had membership relating to a regulatory or professional body refused or withdrawn  Yes  No
- been an appointed representative of an insurance company or an independent intermediary  Yes  No
- been a member of a network  Yes  No
- Had an application to represent an insurance office refused, or a previous agency cancelled?  Yes  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.

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## 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.



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

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[www.aviva.co.uk/health](http://www.aviva.co.uk/health)

