



# The Liability Company.

LIABILITY MATTERS

An Authorised Financial Service Provider – FSP 50828

## INTERMEDIARY APPLICATION

*(All information in this document will be treated with the strictest confidence)*

<b>1. Name in full, including current trading title, if any:</b>	
Previous trading names or agencies with whom you have been associated:	
FSP No.:	
Type of business: (tick as appropriate)	
<input type="checkbox"/> Limited liability company	Reg. number:
<input type="checkbox"/> Closed corporation	CC number:
<input type="checkbox"/> Partnership	Details:
<input type="checkbox"/> Sole Proprietor	Details:
<input type="checkbox"/> Other	Details:
<b>2. Address from which the business is conducted:</b>	
	Postal code
Tel number:	Cell number:
E-mail address	Fax Number
Postal address	
<b>3. Profession or occupation of directors/partners: If more than one, please give full details</b>	
1.	
2.	

The Liability Company (Pty) Ltd  
35 Oxford Office Park, 3 Bauhinia Street  
Highveld Techno Park, Centurion  
PO Box 17541, Lyttleton, Pretoria, Gauteng, 0140  
The Liability Company is an authorised financial services provider (FSP 50828)

**Our Risk Carriers**  
All our policies are underwritten by Old Mutual Insure Limited (FSP12) and Old Mutual Alternative Risk Transfer Insure Limited (FSP 49551) on a co-insurance basis. Both OMI and OMART are authorised financial services providers and non-life insurers.

**Contact Us**  
T +27 (12) 667 2441  
E [info@theliabilitycompany.com](mailto:info@theliabilitycompany.com)  
W [www.theliabilitycompany.com](http://www.theliabilitycompany.com)

Underwritten by



OLD MUTUAL ALTERNATIVE RISK TRANSFER INSURE LIMITED



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## 4. Date business was established or incorporated:

Date of inception of present management:

## 5. For reference purposes, please give name and address of Principle Banker:

Name:	
Address:	
Account number:	
If you have changed Bankers in the last 2 years, please give full details below:	

## 6. Is the applicant, any of its directors, members, partners, or management a registered member of any insurance related professional body or association in South Africa?

Name:	Industry Association:	Membership No.:	Membership Period:

## 7. Total number of staff employed in your in your business (including directors, members):

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## 8. Please give the following details with regard to Directors, Members, Principals and Management:

Full name:	
Capacity:	
Identity Number:	
Professional Qualifications:	
If engaged in business for less than 5 years, give employment details immediately preceding present position:	



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Full name:	
Capacity:	
Identity Number:	
Professional Qualifications:	
If engaged in business for less than 5 years, give employment details immediately preceding present position:	

**9. Have any persons listed in question 8, or has any organisation in which they have held a managerial position been placed in provisional or final liquidation, receivership or been placed under provisional or final judicial management, or been provisionally or finally sequestered or entered into arrangements with creditors or been the subject of any statutory or regulatory investigation or inquiry, or been blacklisted by any insurance or related industry association or are any such matters still pending:**

Yes       No

If yes, please give full details:


**10. Have any of the persons listed in question 8 been convicted of any criminal offence other than a minor motoring offence during the past 10 years:**

Yes       No

If yes, please give full details:


**11. Is there any civil or criminal (the latter other than a minor motoring offence) litigation or other statutory or regulatory investigation or inquiry pending against any of the persons mentioned in 8 or against the applicant?**

Yes       No

If yes, please give full details:




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<b>12. Have any persons listed in 8 ever had any insurance related agency application declined, terminated, or granted on special or conditional terms?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give full details:

<b>13. Below, give the name and contact details of the three Insurance Companies with whom most of your business is placed:</b>		
Company	Name	Contact Details
1.		
2.		
3.		

<b>14. Please give details of your Professional Indemnity Cover:</b>	
Placed with	
Limit of indemnity	
Policy number	
Expiry date	

<b>15. Please give details of your I.G.F. Cover:</b> (Only if premium is to be handled)	
Placed with	
Limit of indemnity	
Policy Number	
Expiry date	

I/We accept that this application is subject to a credit check.

We further warrant that the information herein contained is true and correct and that I am duly authorised to sign this application form.

**Name of Applicant:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

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