



## APPLICATION FOR MEMBERSHIP

### 1. Name of Firm:

a) Legal:

b) "Trading as":

c) Country in which membership is sought:

d) Are you a producing broker?

Yes

No

Both but mostly producing

Both but mostly servicing

e) Does your company have any branch offices in other countries?

Yes

No

Which countries:

If yes, what holding of the branch office does your company have?

More than 50%

Less than 50%

Not owned by us

Do these branch offices have a Professional Indemnity certificate covering US\$1 million or more?

Yes

No

### 2. Staff & Ownership:

a) Name & Title of Designated Representative to WING (resume attached):

Email address of designated representative:

Telephone number of designated representative:

b) Names and % ownership of the ultimate holding company and its subsidiaries (show the lines of ownership to the applicant):

c) Is your brokerage owned by an insurance company? If so, what % is held in your brokerage?

d) Is your brokerage owned by a bank? If so, what % is held in your brokerage?

e) Does your brokerage own an insurance company where you could provide quotations both to internal staff and external third party brokers/clients? If so, what is the name of the Company and the % owned by your brokerage?

\_\_\_\_\_

f) What type of Agency agreements do you have in place?

\_\_\_\_\_

g) Major changes in ownership over the last three years:

\_\_\_\_\_

h) Number of Executives/Directors:

\_\_\_\_\_

i) Number of Producers (Salespeople):

\_\_\_\_\_

j) Number of Account Executives:

\_\_\_\_\_

k) Total Employees:

\_\_\_\_\_

**3. Other associations:**

a) Ownership of/by Affiliated or Associated firms:

\_\_\_\_\_

b) Affiliations and/or associations with another brokerage/agency/intermediary or insurer:

\_\_\_\_\_

c) Membership in another insurance brokerage or similar type networks, currently or in the past:

\_\_\_\_\_

d) Trade association memberships:

\_\_\_\_\_

**4. Contact information:**

a) Office Headquarters' address:

b) Telephone:

c) Email address of main contact:

d) Company website address:

**5. The year that the firm was established:**

**6. % of the firm's revenues derived from:**

a) Insurance brokerage operations:

b) Insurance agency operations:

c) Owned insurance company operations:

d) Other (describe):

**7. % of the firm's revenues derived from placing insurance for clients with facilities in more than one country:**

**8. If membership in a trade association has ever been declined, cancelled or withdrawn, why?**

**9. Fiduciary bank account for premiums/claims:**

a) Are premiums/claims kept in fiduciary accounts separate from the Applicants' own funds?

b) If the firm does not maintain segregated fiduciary accounts for premiums/claims, what arrangements are made to safeguard clients' premiums and claims?

**10. Contact information for the applicant's banker:**

**11. International business**

a) Current number of international clients

b) Income generated by International Clients

c) One reference from an International Insurer or client

12. **Professional Indemnity (Errors & Omissions) Insurance (Certificate of Insurance Attached):**

a) All entities of Applicant insured?

b) Policy term:

c) Policy limit in USD:

d) Deductible/Retention:

e) Insurer:

13. **Compliance**

a) Please confirm name of Regulator in your country.

b) Have you ever had any intervention or dealings with the Regulator?

c) Have you had any terms applied by the Regulator?

d) Do you have all of the required permissions in your country?

e) Anti Bribery and Corruption - Does the firm have a specific process to ensure compliance with any Bribery Legislation on your country?

f) What training relating to anti bribery or corruption does the firm have in place for its staff including management?

g) How does the firm ensure its agents, business partners and other parties with whom it contracts comply with anti corruption legislation that exists in your country? (Does it have reciprocal obligations on contracts?).

h) Who is their contact person for Bribery Act Compliance within your business (if applicable)?

i) Give details if any Director/Key Officer was ever associated with a firm which was involuntarily liquidated or placed in receivership by creditors:

- j) Has the firm or any of its current Directors, Partners, Proprietors/Owners or Principal Officers, ever been convicted of theft, robbery, burglary, blackmail, handling of stolen property, forgery, fraud, or any offense which may affect other Members' judgment as to whether they would wish to accept or share business from with the Applicant?

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- 14. Name, address and contact information for the fully qualified accountant which produces the applicant's balance sheet and income statements.  
(Prior two years' financial statements attached. They will **only** be viewed by the WING Board).

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- 15 Please tell us why you would like to join WING

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- 16 Please outline some of the benefits that you would bring to the WING network

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I confirm that the information on this application and the accompanying attachments are true, and confirm that my firm will inform WING of any material changes.

Signed: 

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Printed: 

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Position: 

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Phone: 

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Cell: 

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Email: 

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