



APPOINTMENT OF INTERMEDIARIES

A. Minimum requirements for the appointment of an intermediary:-

1. Must not run any other business alongside the insurance agency/brokerage (sole Business)
2. The Principal Officer must have a proven record with a recognised Underwriter, intermediary or health provider (experience).
3. Where 1 & 2 do not apply the intermediary must have been in business for at least two years, and transacting business worth Shs.10,000,000.
4. The Principal Officer to be interviewed by Life Manager or Business Development Manager.

B. On appointment the following conditions will apply:-

1. Minimum debited income for the first six months should be Shs.500,000/= excluding any already in our books.
2. A new account every month.
3. The portfolio mix must be balanced with not more than 50% being motor business.
4. By the end of second year UAP's share must be 40% of the total turnover.
5. Business Development Division to monitor the above and hold discussions with the intermediary through the monthly business performance.

C. When applying to UAP for appointment as an agent:-

1. Completed UAP Application Form.
2. Certificate of Registration of Business OR Certificate of incorporation.
3. National ID Cards of Directors/Principal Officer.
4. Current Registration Certificate as an Agent issued by Commissioner of Insurance.
5. C O P Certificate/Exemption letter.



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Application for Agency/Brokerage

1. Trading name

Full names of all partners or directors

.....

a)

b)

c)

d)

2. Other profession, business or occupation of all partners or directors

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3. Address: Premises

.....

P.O Box

.....

Office Tel. No. House.....Fax Email

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4. Name of the Principal Officer:

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1. Educational background

Degree or Certificate awarded

Year



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- a)
 - b)
 - c)
 - d)
2. Employment background

Company	Year	Position held
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- | | | |
|----------|-------|--|
| a) | | |
| | | |
| b) | | |
| | | |
| c) | | |
| | | |
| d) | | |
| | | |

5. Upon whose recommendation if any, is this application made?

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What are their reasons for recommendations?

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.....
.....

What are your reasons for the application?

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.....
.....

6. How long have you carried on your present occupation of the proposed agency/brokerage?



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7. Have you been registered with the Commissioner of Insurance for the current trading year?

Yes () No ()

If yes, PLEASE ATTACH a copy of your Registration Certificate

8. Are you a director of any Insurance Company registered under the Insurance Act 1984? Yes () No ()

9. Do you hold any shares or controlling interests in any insurance company registered under the Insurance Act 1984?

Yes () No ()

10. What are the principal classes of business which you will introduce to the Company?

.....

11. State the approximate annual premium you expect to introduce during the first year of your appointment

.....

12. Have you ever been bankrupt, insolvent or made to compromise with your creditors?

Yes () No ()



13. Please let us have at least two names of the underwrites you are dealing with at at the moment.

14. Give the name of at least one person (not a relative) or corporation to whom the company may refer for information relating to this application

Name

Address

15. Name of your bankers

.....

Branch A/c Number

How long have you held the account?

Bank referees a)

b)

15. Any further information you can give us such as experience on general insurance concerning this application that may be favourable to your application.

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