

A. Broker Facilities Detail (Continued)

8. Do **You** have professional indemnity cover? Yes No
 If Yes, please send a copy of **Your** certificate, which should state:

a) With Whom: _____
 b) Certificate Number: _____
 c) Limit of Indemnity: _____
 d) **Excess** Level, if any: _____

9. a) The annual written premium income for **Your** private medical insurance portfolio is in the range (check applicable premium):
 i) US\$ 0m - US\$ 0.5m
 ii) US\$ 0.5m - US\$ 1m
 iii) US\$ 1m - US\$ 5m
 iv) US\$ 5m - US\$ 10m
 v) US\$ 10m +

b) The approximate breakdown in percentage terms or **Your** international medical insurance portfolio is (write in applicable percentage):
 i) _____% Individual Business
 ii) _____% Company Paid Small Group Business
 iii) _____% Company Paid Large Group Business
 iv) _____% Optional Group Business
 v) _____% Groups in "Trust"

10. Please give the name and address of three other Insurers with whom **You** have broker/agency facilities in respect of private medical insurance (and from whom **We** will take references), the date from which they become effective and **Your** approximate premium income with each of them.

a) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

b) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

a) Name: _____ Address: _____
 Date (Day/Month/Year): _____
 Written Premium: _____

11. Have broker/agency or collection facilities ever been refused or withdrawn? Yes No
 If Yes, by whom and for what reason:

B. Bank Details (Completion is optional*)

12. Bank Sort Code: _____ Bank Address: _____
 Bank Account Number: _____
 Bank Name: _____
 Bank Telephone: _____ Bank Fax Number: _____

* Aetna Global Benefits has facility to direct credit commissions payable to **Your** Bank Account.

13. If available, please supply a copy of **Your** corporate brochure explaining the nature and scope of **Your** operations.

C. Declaration

I/**We** apply for an appointment to represent Aetna Global Benefits as an Agent. I/**We** agree that, if this application is accepted, the appointment shall be governed by the terms of Aetna Global Benefits (including acceptance of the terms of it's agency agreement) in accordance with FSA regulations.

I/**We** understand that references will be sought for My/**Our** application and to My/**Our** best knowledge and belief the above details are true and accurate. Any attempt to mislead or supply false information to Aetna Global Benefits will result in the voiding of the application/agency.

Print Applicant's Name	Position in Organisation
Company Stamp	

Please Retain a Copy for Your Records

Policies issued outside UAE but within Middle East and Africa are issued by Aetna Life & Casualty (Bermuda) Ltd. and administered by Aetna Global Benefits Limited, an Aetna Company. Aetna Global Benefits Limited registered address: Unit 101, Gate Village, Building No. 7, Dubai International Financial Centre, PO Box 6380, Dubai, UAE.