



## **Appointment of Intermediaries**

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

1. Must not ran any other business alongside the insurance agency/brokerage (sole Business)
2. The Principal Officer must have a proven record with a recognized 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 Business Development Manager.

### **B. On appointment the following conditions will apply:-**

1. Minimum debited income for the first one year 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. Business Development Division to monitor the above and hold discussions with the intermediary through the monthly business performance.

### **C. When applying to PACIS for appointment as an agent:-**

1. Completed PACIS 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 IRA
5. C O P Certificate/Exemption letter.
6. 2 Passport size photographs of the principal officer



# PACIS INSURANCE COMPANY LIMITED

## APPLICATION FOR AGENCY/BROKERAGE

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1. Trading name .....  
Full names of all partners or directors .....  
  
a) .....  
b) .....  
c) .....  
d) .....  

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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: .....
  1. Educational background  

	Degree or Certificate awarded	Year
a)	.....	.....
b)	.....	.....
c)	.....	.....
d)	.....	.....

2. Employment background

	Company	Year	Position held
a)	.....	.....	.....
b)	.....	.....	.....
c)	.....	.....	.....
d)	.....	.....	.....

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

.....

What are their reasons for recommendations? .....

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What are your reasons for the application? .....

.....

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

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

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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 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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I/We hereby apply for an appointment as agents/brokers for Pacis Insurance Company Limited, and if appointed, undertake to further the Company's Interests to the best of my/or ability. I/We undertake to abide to sub-Section (2) of Section 73 and sub-Section (3) and (4) of Section 156 of the Insurance Act 1984.

Signed at ..... this ..... day of ..... 20.....

Signature of partners: a) .....  
b) .....  
c) .....

Signature of Directors: a) .....  
b) .....  
c) .....

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NB:

- a) As per the Insurance Act, agents are required to remit full payment of premium before cover can be granted.
- b) Please attach copy of ID cards for the partners/directors along with a Copy of Certificate of Incorporation, Certificate of Proficiency or Exemption confirmation from the college of Insurance.