



wpa.org.uk

Intermediary application form.

For Independent Intermediaries authorised by the Financial Services Authority (FSA)

Please make sure that you complete all sections of this form in full, **USING CAPITAL LETTERS AND BLACK INK**, then sign the declaration. Return your fully completed application and the accompanying documentation, including your administration fee cheque, in the freepost envelope provided or to the following address:

Western Provident Association Ltd • Rivergate House • Blackbrook Park • Taunton • Somerset • TA1 2PE

Introduction

Thank you for your interest in arranging or continuing an Intermediary agreement with WPA. The following document is an in-depth application to enable WPA to consider your company as a recognised independent Intermediary for the sale and promotion of WPA and Protocol healthcare schemes. Please take the time to read through this document and ensure that all sections are fully completed before returning your application.

All Intermediaries recognised by WPA must be authorised and regulated by the Financial Services Authority (FSA) and have appropriate FSA authorisations.

Important information

It is your responsibility to comply with FSA, Data Protection Act (DPA) and anti-money laundering regulations at all times.

Administration

An administration fee of £175 is charged to all new applicants requesting recognition by WPA to introduce new business to the Association. (Sub offices of a company presently holding a WPA Intermediary agreement are required to apply for a separate agreement and the associated administration fee is applicable.) The fee is returned when the Intermediary has generated 12 or more new contracts to WPA, or new premium income in excess of £5,000 within the first 12 months of the agreement becoming active.

New and transferred WPA business linked to an Intermediary where commission is payable will only be accepted where an Intermediary agreement has been completed and written authorisation has been issued by WPA.

Commission

Your commission will accrue on a monthly basis and is paid by direct credit. You will receive a remittance advice each month detailing the commission that has been paid and the policies it relates to.

Peace of mind guarantee

If within 14 days of returning your signed agreement contract you would like to reconsider your WPA Intermediary status, WPA will refund your administration fee in full.

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WPA has invested time and resource in developing our on-line support to Intermediaries. Once your agency is activated, WPA will issue your commission statements on-line and will endeavour to keep you up-to-date on market news and WPA updates via e-mail.

Telephone calls may be recorded for security purposes and monitored under our quality control and security procedures.

Thank you for your interest in WPA. Should you have any questions or concerns in relation to this application, please contact the Intermediary Freephone No. 0800 783 0 784, or alternatively e-mail admin@wpa.org.uk

1. YOUR COMPANY INFORMATION

Company name _____

Company address _____

Postcode _____

Telephone number _____

Fax number _____

E-mail address* _____

Registered head office (if different from above) _____

Postcode _____

Telephone number _____

Fax number _____

E-mail address* _____

*Communicating by e-mail is quick and efficient but carries no absolute guarantee of confidentiality. By providing your e-mail address on this form you are consenting to its use for the administration of your agency.

Does your company hold another Intermediary agency with WPA, either at this address, a separate address or in another name? Yes No

If yes, please state any other Intermediary agency numbers: _____

Please give details of any other professional organisations of which you are a member, including your membership number (eg AMII, PIA, IIB)

Does your company hold a current notification with the Information Commissioner's office under the DPA 1998? Yes No

Financial Services Authority Firm Reference Number (FRN) _____

How many members of staff are there at your registered office _____

How many Appointed Representatives do you have _____

What is your web site address _____

Does your company use the internet to conduct business Yes No

Please state your company's annual turnover of new premium income for the sale of PMI £

1. YOUR COMPANY INFORMATION CONTD

Please state your company's annual turnover £

How long has your company been in business as an Intermediary Years

If your company has been established less than 12 months, please briefly indicate your proposed business plan, and what experience you have in relation to the sale and promotion of general insurance products and companies whose private medical insurance products you are authorised to promote

Do you actively sell and promote PMI Yes No

How long have you actively been selling PMI Years

What percentage of your business generated is PMI %

Have any applications for an agreement with any other insurance company been declined, or any agreements cancelled Yes No

If yes please give details

If you are not an authorised person regulated by the FSA you must have Appointed Representative status. If this applies please supply details of the FSA Authorised Person permitted to carry out regulated activities with whom you have a contract.

Contact name

Company address

Telephone number

E-mail address*

*Communicating by e-mail is quick and efficient but carries no absolute guarantee of confidentiality. By providing your e-mail address on this form you are consenting to its use for the administration of your agency.

Please give details of any criminal convictions held by, or adverse regulatory findings against, directors, signatories, staff or any persons acting on your behalf (other than for minor road traffic offences) not treated as spent convictions under the Rehabilitation of Offenders Act 1974.

Has any director or partner, or the sole proprietor of the business, at any time been adjudicated bankrupt, or any company with which any director or partner, or the sole proprietor of the business, been connected with the subject of a compulsory winding up order or entered into voluntary liquidation or made any composition or arrangements with creditors

Yes No

If yes please give details

Have you or any persons acting on your behalf been employed or acted as a sales advisor for WPA within the last 24 months

Yes No

4. CONTACT DETAILS

For the following, please state the main contact names and their direct contact information

SENIOR CONTACT AT YOUR COMPANY

Name _____
Direct contact telephone number _____
E-mail address* _____

LARGE CORPORATE PMI & TRUST SALES

Name _____
Direct contact telephone number _____
E-mail address* _____

SMALL CORPORATE PMI SALES

Name _____
Direct contact telephone number _____
E-mail address* _____

PRIVATE CLIENT PMI SALES

Name _____
Direct contact telephone number _____
E-mail address* _____

CASH PLAN SALES

Name _____
Direct contact telephone number _____
E-mail address* _____

*Communicating by e-mail is quick and efficient but carries no absolute guarantee of confidentiality. By providing your e-mail address on this form you are consenting to its use for services which may include claim and medical information as well as the administration of your agency.

6. INDEMNITY INSURANCE PROVIDER

Details of professional indemnity cover are as follows:

Name of insurer _____
Office of the insurer through which the cover has been taken _____
Policy number _____
Renewal date _____ (dd/mm/yy)
Maximum limit of indemnity £ _____

WPA requires all Intermediaries who wish to market health insurance to be covered by Professional Indemnity Insurance and to have minimum cover of £1,000,000, maintained throughout the term of their WPA agency agreement.

7. DECLARATION

WPA reserve the right to amend the minimum level of professional indemnity required, subject to a 60 day notice period.

- I/We undertake to remain authorised and regulated by the Financial Services Authority and to inform WPA if this is removed for whatever reason.
- I/We undertake to comply with the Insurance Conduct of Business Source (ICOBS) book (set out in the FSA Handbook) for the selling of general insurance.
- I/We undertake to maintain in force cover in accordance with the requirement of the Association of British Insurers and to inform WPA if this requirement is no longer complied with.
- I/We agree that the company providing the professional indemnity cover shall be free to pass information on the cover to the Association of British Insurers/the Financial Services Authority.
- Declaration(s) of my/our status as independent Intermediary is/is not being provided by another insurance company.

- I/We hereby apply to WPA for recognition as an Intermediary from whom WPA can accept business and understand that if accepted, we may be monitored on performance by WPA and agree to accept a WPA representative visiting our offices upon request.
- Following the successful completion of our application, WPA will issue terms of business and we will respond to this within 10 working days of receipt.
- I/We understand that if no new business† is generated within a 6 month period (after our being accepted by WPA), our agreement may be immediately terminated and we/I will need to reapply for an agreement with WPA. (Reapplication following termination will only be considered after 6 months have elapsed.)
- I/We understand that if/once our agreement becomes active, we may be visited by one of WPA's representatives periodically to review our agreement and associated portfolio performance. **Should you cancel 2 or more consecutive visits to your office by a WPA representative, WPA reserve the right to cancel this agreement.**

†New business is determined as a group or individual healthcare policy new to WPA. Your own company healthcare policy or individual policies associated with you or any of your employees or partners where commission is payable will not be categorised within the new business criteria.

Signed _____ Date (dd/mm/yy) _____
Full name _____
Position _____

Your application will be considered and responded to within 30 working days. (30 working days are allocated to gain responses to references and fully process your application.) Should your WPA Intermediary agency application be successful you will be visited by one of our senior members of the Mediation Team within 90 days of your registration becoming active.

Please include the following documentation when returning your application:

- A photocopy of your data protection notification certificate from the Information Commissioner
- A £175** administration fee cheque payable to Western Provident Association Limited

****£175 administration fee:** Returned if you have generated over 12 contracts or new premium income in excess of £5,000 within the first 12 months of your agreement becoming active. Business transferred from other agencies or Intermediaries that have existing WPA contracts will not be categorised as new business.

Your Peace of Mind Guarantee: If within 14 days of returning your agreement contract you would like to reconsider your WPA Intermediary status, WPA will refund your administration fee without penalty.

Reference to statutes or codes shall include any statutes or codes that replace them.

Channel Islands only: for Insurance Brokers, Independent Financial Advisors and Intermediaries

WPA aims to achieve the highest possible standards of professional conduct. It looks to the Brokers and Intermediaries it deals with to reflect the same high standards.

WPA will seek verification of your registration with either:

- The Jersey Financial Services Commission under the Financial Services (Jersey) Law 1998;
- The Guernsey Financial Services Commission under the Insurance Business (Guernsey) Law 1986.

You will be regulated by them to achieve the minimum standards required for the conduct of business and compliance with the Codes of Practice issued by the relevant Financial Services Commission and applicable legislation including money laundering prevention legislation and guidance.

WPA expects Intermediaries to adhere to the highest principles of customer service. WPA reserves the right to inspect business referred from its Intermediaries on the Channel Islands to ensure the spirit of these principles is complied with.

Where an Intermediary acts on behalf of a company

You will have obtained and recorded:

- i) Evidence of the identity of the authorised signatories and directors of the company;
- ii) A copy of the Certificate of Incorporation of the company;
- iii) The company's latest audited accounts.

Where an Intermediary acts on behalf of a private individual

You will have obtained and recorded:

- i) Evidence of the identity of the individual;
- ii) Confirmation of their permanent address in the Channel Islands. Copy proof of identity has to be retained.

Reference to statutes or codes shall include any statutes or codes that replace them.

WPA is authorised and regulated by the Financial Services Authority (FSA). The FSA website may be checked at fsa.gov.uk/register for WPA number 202608.



FS 28452

WPA is one of very few insurance companies worldwide to have been certified to the ISO 9001:2000 Quality Standard. In addition, Western Provident was awarded the British Standard Institute's 'Gold Standard' of Company Wide registration in May 1997 — the 24th company in the world to achieve this accolade. So the standards of service that you can expect are truly world class.



WPA is a member of the Financial Ombudsman Service, so you can be assured that any complaints are addressed seriously and objectively. Details of WPA's commitment to resolving customer complaints are included in scheme literature.

WPA customers are covered by the Financial Services Compensation Scheme (FSCS) which can entitle customers to compensation should an insurer become insolvent. Further information can be found at fscs.org.uk



wpa.org.uk

Enjoy life. Insure health.

Western Provident Association Limited

Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE.

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