

Office use only

No: Joining date / /

CONFIDENTIAL

INSURANCE ADVISERS ASSOCIATION OF AUSTRALIA INC.
ABN 19 008 657 136

Postal Address: PO Box 597, St.Albans Vic 3021
Phone: (03) 9390 9355 Fax: (03) 8390 7877
e-mail: info@iaaa.com.au

MEMBERSHIP APPLICATION

This Membership Application Form is to be read in conjunction with the Privacy Policy.

All questions are required to be completed in order for the applicant to be considered for membership

Please type or print clearly

Application

(Tick appropriate box)

1 I apply for admission to the

General Section

and/or

Life Section

About You

2 Mr Mrs Miss Ms Other

3 Surname - Family Name

4 Given Names

5 Date of Birth

Your Qualifications

6 Insurance Qualifications (*Give date/s of completion*)

7 Other Qualifications (*Give date/s of completion*)
eg. Diplomas, degrees

Your Experience

8 Experience with Insurance Agents or Brokers
(Give dates and positions held. If insufficient space available, use separate sheet.)

Agencies you hold

9 I hold (enter number) General Agencies

List Four (4) Major Underwriters & Gross Premium excluding Statutory Charges & GST

- 1.
- 2.
- 3.
- 4.

Life Agencies

List Four (4) Major Underwriters & Gross Premium

- 1.
- 2.
- 3.
- 4.

Agencies cancelled

10 Have you had an Agency Agreement cancelled within last 5 years? No

If Yes (please provide details)

Professional Membership

Consent is required under the Privacy Act for the collection of Sensitive Information about an individual's membership of a professional, trade or political association. Consent to completing this clause is optional, however, without consent IAAA will be unable to process the Application Form as the applicant's professional memberships are important criteria for acceptance.

I consent to give IAAA Sensitive Information about my professional memberships.

Your Signature

.....

Date:...../...../200

11 (a) List current memberships

11 (b) Have you been rejected for membership of any other professional representative body?

No

If Yes (please provide details)

Bankruptcy

12 Are you an Undischarged Bankrupt?

No

If Yes (please provide details)

Professional Indemnity Insurance

13 Do you currently carry Professional Indemnity Insurance?

Yes (Details below)

Name of insurer

Policy number

Important Note

You are required to carry Professional Indemnity Insurance to be admitted as a Member of the IAAA. The Association offers Professional Indemnity cover at special rates. For details, phone the IAAA on (03) 9390 9355

Limit of Indemnity \$.....

Expiry date/...../200.....

No (See note)

Your Business Structure

14

Individual Partnership Company

ABN Other

15 Business Address (Office location)

.....
.....State.....Postcode.....

16 Postal Address

.....
.....State.....Postcode.....

17 Contact Phone No: Contact Fax No:

(0)

(0)

Contact E-Mail Address

Contact Mobile Phone No:

18 Number of Employees

(Include Directors, Principals and Partners engaged in The Provision of Advice and or Insurance Services business of the applicant)

Employees (Number)

19 Shareholders in Your Business

Does a licensed insurer, underwriter or licensee have a shareholding in your business?

Yes (Attach details)

No

20 Other Business

Are you engaged in any other business or calling?

If Yes (please provide details)

No

Referees

21 Referee/s

Name, title and contact phone and fax number of the insurance company with whom your principal business is conducted. If you applied for both general and life section admission, referees from both general and life underwriters are required.

General (if applicable)

Name.....

Title

Company

Contact Phone (0.....).....

Contact Fax (0.....).....

E-mail

