



Global Transport & Automotive Insurance Solutions Pty Ltd
ABN 93 069 048 255 AFS Licence No 240714

Application for Broker Administration Agreement

1) Applicant's full legal and trading name(s)

ABN No: _____

ACN No: _____

2) Do you hold an Australian Financial Services Licence (AFSL)?

Yes No

3) If yes, please provide your Australian Financial Services Licence Number

4) Does your Australian Financial Services Licence cover general insurance products?

Yes No

5) Principal place of business:

_____ Post Code: _____

6) Registered Address (if different from principal place of business)

_____ Post Code: _____

7) Contact Person

Name: _____

Telephone No _____ Fax No _____



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8) Account Name and Postal Address (to be shown on statements of account, Notices etc).

9) Are you a member of a Broker cluster group or buyer group e.g. Steadfast, Austbrokers, IBNA, etc. If yes, what is the name of the group:

10) Details of any Broker IT packages or systems used e.g. Sunrise, etc.

11) If a company or partnership, please provide names and addresses of Directors or Partners.

Name: _____
Address: _____
P/Code: _____

Name: _____
Address: _____
P/Code: _____

Name: _____
Address: _____
P/Code: _____

Name: _____
Address: _____
P/Code: _____

Name: _____
Address: _____
P/Code: _____



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- 12) Directors and/or third party Guarantees may be required in relation to losses suffered by Global Transport & Automotive Insurance Solutions Pty Ltd in consequence of failure to pay over and / or properly account for monies received pursuant to the Agreement entered into. Are you in a position to arrange such guarantees?

Yes No (If Yes please provide details of the Guarantors)

- 13) Do you conduct business under other trading names and / or operate in other States or Territories?

Yes No (If Yes please provide details)

- 14) How long has the business been established?

Years: _____ Months: _____

- 15) Has the Business Name or Trading Name (s) changed in the past five (5) years?

Yes No (If Yes please provide details)

- 16) Estimate of Annual Premium Income and the volume of such Business intended to be placed with Global Transport & Automotive Insurance Solutions Pty Ltd

CLASS	Total Premium Income	Estimated GT Insurance Share
Motor	\$	\$
Liability	\$	\$
Marine	\$	\$
Other	\$	\$
TOTAL	\$	\$



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17) Has any one person named in this application ever been Insolvent, Bankrupt, or compounded with Creditors?

Yes No (If Yes please provide details)

18) Has any person named in this application ever been:

i) Convicted of an offence involving fraud or dishonesty
Yes No (if Yes please provide details)

ii) Banned or issued with an enforceable undertaking by ASIC or another regulator?
Yes No (if Yes please provide details)

19) Name and Address of Bank in which Insurance premiums are held.

Address: _____

_____ P/Code: _____

20) Name and Address of the Auditor of your Insurance premiums / Broker Account.

Address: _____

_____ P/Code: _____

21) Trade or Business References.

- (1) _____
- (2) _____
- (3) _____



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22) Do you hold appropriate Professional Indemnity Cover?
Yes No (If Yes please provide details)

Name of Insurer _____
Policy No _____ Expiry date _____
Limit of Indemnity: \$ _____ Excess: \$ _____
Does the Policy cover:
a. Insurance operations _____
b. Operation of Binder(s) _____

23) Do you hold or are you arranging appropriate Fidelity Guarantee Cover?
Yes No (If Yes please provide details)

24) What banking arrangements are to exist for Monies held in trust on behalf of GT Insurance?:

- a) Banked solely in a single designated account?
Yes No
- b) Banked in a General Account with other monies?
Yes No
- c) Banked in a Professional or Business account together with other Trust Monies??
Yes No
- d) Other (please provide details)

25) Are renewal notices which are prepared showing the Insured's postal address to be:

- a) Sent direct to the Insured, or
- b) Sent via your Office?



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Privacy Act 1988 – Information

We collect your personal information and sensitive information on this application form and in communications between you and Global Transport & Automotive Insurance Solutions Pty Ltd (GT Insurance), its agents, contractors, employees and representatives in order to consider and assess your application for a Broker Administration Agreement with GT Insurance and to verify the information you provided in your application and in your communications with GT Insurance. If you do not provide the information we require we may not be able to assess or accept your application or enter into a Broker Administration Agreement with you.

We disclose information to third parties who assist us in the above (e.g. insurers, insurance intermediaries, insurance reference bureaus, related companies, our advisers, your agents and other persons where required by law). We prohibit them from using it for purposes other than those we supplied it for.

Where you provide us with information about another person for the above purposes, you must tell us if you have not got their consent to this. If you wish to gain access to your personal information (including to correct or update it), have a complaint about a breach of your privacy or you have any query on how your personal information is collected or used, or any other query relating to Privacy, contact us on 02 9966 8820 EST 8:30am – 5:00pm, Monday to Friday.



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I /We now make application for a Broker Administration Agreement with Global Transport & Automotive Insurance Solutions Pty Ltd (GT Insurance) and declare that the answers given herein are true, accurate and complete. I/We acknowledge that I/We have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons named in this application, with their approval. I/We authorise GT Insurance to verify my details with any persons/companies/organisations named in this application or any other persons/companies/organisations GT Insurance needs to contact for verification. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then GT Insurance may be unable to assess or consider this application or enter into a Broker Administration Agreement pursuant to this application.

Signature:

Date:

Signed by / for and on behalf of Applicant (Director, Secretary, Partners).