



WellAway®

# Producer Registration

Name:		Company name:		Number of sellers in organization:	
Address:			Postal code:		Country:
Telephone:	Fax:	Email:		Company website:	

## Type of Producer:

Master Broker       Producer       Sub-producer

## Type of Business:

Insurance Agency       Consultant       Brokerage Firm       Independent Agent

## Is your brokerage/agency:

a) authorized and regulated by any regulatory authority? If "yes", please provide the following information and a copy of your license/registration certificate:

Date of registration: (mm/dd/yyyy)	Name of authorizing body:	Registration / license number:
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## If "no", please state if:

An application is pending       An application has not been made       License not required

Have you or your company been subject of any regulatory enforcement action? If "yes", please provide full details below.

Yes       No

Do you have any outstanding legal judgments (including criminal offenses) against you or your company? If "yes", please provide full details below.

Yes       No

Have you or your company been the subject of any regulatory, insolvency or bankruptcy proceedings? If "yes", please provide full details below.

Yes       No



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Do you have professional liability/indemnity insurance coverage? If "yes", please complete information below and provide a copy of your Certificate:

Yes          No

Name of company providing cover:		
Policy effective date: (mm/dd/yyyy)	Policy expiration date: (mm/dd/yyyy)	Certificate number:
Policy limits:		
Excess limits, if any:		

Please provide details of your annual written premium income (check the applicable annual written premium):

Accident & Health:

Anticipated annual premiums with WellAway:

US \$ 0m - US \$ 0.5m

US \$ 0m - US \$ 0.5m

US \$ 0.5m - US \$ 1m

US \$ 0.5m - US \$ 1m

US \$ 1m - US \$ 5m

US \$ 1m - US \$ 5m

US \$ 5m - US \$ 10m

US \$ 5m - US \$ 10m

US \$ 10m +

US \$ 10m +

## BANK DETAILS (Completion is Mandatory)

Bank sort code:	Bank account name:	
Bank account number:	Bank name:	
Bank address:		
Bank telephone number:	Bank fax number:	

## DECLARATION

I/we apply for an appointment to represent WellAway Limited as a Producer/Sub-Producer. I/we agree that if this application is accepted, the appointment will be governed by the terms and conditions of the Producer/Sub-Producer Agreement. I/we, an authorized representative of Producer (if applicable), to the best of my/our knowledge and belief certify that the information provided in this registration is true, complete and accurate. Any attempt to mislead or supply false information to WellAway Limited will render this registration void and invalid.

Applicant's signature:	Position in organization:	Date: (mm/dd/yyyy)
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