

FORM -I-B

APPLICATION OF AN EXISTING INSURANCE AGENT FOR APPOINTMENT TO ACT AS COMPOSITE INSURANCE AGENT WITH ANOTHER INSURER (LIFE OR GENREAL OR HEALTH INSURANCE or MONO-LINE INSURANCE)

NAME OF INSURANCE AGENT _____

DETAILS OF THE INSURANCE AGENCY HELD (Past & Present)				
Name of the Insurer	Agency code Number	Date of Appointment as agent	Date of cessation of Agency	Reason for cessation of agency
Note	If Agency is currently in-force with an insurer mention "INFORCE" in the column 'Date of cessation of Agency			

COMPOSITE INSURANCE AGENCY APPOINTMENT now being sought with

Life Insurance Company	
General Insurance Company	
Health Insurance Company	
Other Mono-Line Insurance Company	
** Mention name of the Insurance company in the Box above	

Note:

- (i) No person shall act as an insurance agent for more than one life insurer, one general insurer, one health insurer and one of each of other mono-line insurers
- (ii) Any person who acts as an insurance agent in contravention of the provisions of this Act, shall be liable to a penalty which may extend to ten thousand rupees
- (iii) Attach Separate Application Form for each of the Insurance Company with whom you seek to obtain Appointment and submit all the Application Forms to your current insurer only.

**APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT
(with a Life Insurer OR General Insurer OR Health Insurer) for the FIRST TIME.**

TO

----- (Name of the Insurance Company),
-----,

-----.

DEAR SIRS,

I request that Appointment to act as an insurance agent of your insurance company may be granted to me.

I hereby declare that particulars given below are true and that the APPOINTMENT for which I apply will be used only by myself for soliciting or procuring insurance business for your Insurance Company

(1) Name: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 (2) Title : State 1 if are Mr., 2 Mrs., 3 Miss: []

Note to the Insurer:

- (1) The applicant should be provided with an acknowledgment for the receipt of the Agency Application form
- (2) The details in the application form should be verified with the data available with the insurer and the application form with due authentication should be forwarded to the insurer with whom the applicant is seeking Agency within 15 days of the receipt of the application form from the applicant. A copy of the forwarding letter should be sent to the applicant for his records.
- (3) The designated official of the Insurer should ensure that under no circumstances, there is a delay in forwarding the application form to the concerned insurer.
- (4) The applicant shall ascertain from the Insurer to whom he has submitted the Agency Application form or from the insurers with whom he is seeking Agency Appointment on the status of the Agency application submitted by him.