

Application Brokerage Agreement (2021-03)

1. Company data of the applicant

 Title, first name(s), last name or in the case of legal entities company name (the registered name / not trading or brand name)

 Trading or brand name

 Street, house number (no PO Box) of the head office (administrative headquarters)

 Postcode, Place, Country

PO Box - if available

 PO Box

 Postcode, Place, Country

Tax number: _____

VAT number: _____

Name of the register: _____ (trade, cooperative, association register)

Registration No.: _____ (trade, cooperative, association register)

Insurance registration No.: _____

Licensed as insurance broker insurance consultant insurance agent

Telephone No. (headquarters): _____

e-mail (headquarters): _____

Homepage: _____

2. Details of statutory representatives

→ Please enter details as set out in ID document.

→ In the event of more than 3 representatives, please enclose/attach separate copy of this sheet.

Mr Ms

 Title, first name(s), last name

 Street, house number (not PO Box) of principal place of residence

Postcode, Place

Name at birth: _____ (only if different)

Date of birth: _____

Place/country of birth: _____

Nationality or nationalities: _____

Mr

Ms

Title, first name(s), last name

Street, house number (not PO Box) of principal place of residence

Postcode, Place

Name at birth: _____ (only if different)

Date of birth: _____

Place/country of birth: _____

Nationality or nationalities: _____

Mr

Ms

Title, first name(s), last name

Street, house number (not PO Box) of principal place of residence

Postcode, Place

Name at birth: _____ (only if different)

Date of birth: _____

Place/country of birth: _____

Nationality or nationalities: _____

3. Information on ownership structures

Do natural persons or legal entities directly or indirectly own **over 10 percent of the voting rights or capital** of the company?

yes / no

If yes, which natural persons or legal entities, and how high is the level of ownership:

Name of the natural person or legal entity:	Capital shares in percent	Voting right shares in percent

In the event of **over 25 percent of the voting rights or capital** of the company, please provide detailed information about the shareholders. Please enter personal details as set out in the relevant ID document. In the event of several shareholders, please use an additional sheet.

Mr Ms

Title, first name(s), last name

Street, house number (not PO Box) of principal place of residence

Postcode, Place

Name at birth: _____ (only if different)

Date of birth: _____

Place of birth: _____

Nationality or nationalities: _____

Capital shares: _____

Voting right shares: _____

Mr Ms

Title, first name(s), last name

Street, house number (not PO Box) of principal place of residence

Postcode, Place

Name at birth: _____ (only if different)

Date of birth: _____

Place of birth: _____

Nationality or nationalities: _____

Capital shares: _____

Voting right shares: _____

Mr Ms

Alternative address data for sending the insurance brokerage accounts

Title, first name(s), last name or in the case of legal entities company name (the registered name / not trading or brand name)

Trading or brand name / contact individual

Street/house number

Postcode, Place, Country

6. Service to Sales Partners

In which **language** would you like accounting and other communications to be conducted? German
 English

Would you like to be **listed as a sales partner** and a link to your website included on the website of Hübener Versicherungs AG, based on your contact details (as entered under 1.)? yes / no

Would you like your **company data** (pursuant to 1.) to be printed in policies and correspondence? yes / no

Would you also like the details of a **sub-broker** to be printed (example: ABC Insurance Brokers as partner of ...)? yes / no

Which insurance broker number (of an association or group of companies) is to be encoded as **super-broker** for evaluation purposes? (This will not affect the brokerage.) _____

The **Hübener Newsletter** is published 6x per year, providing you with valuable practical tips and useful information. It is free-of-charge, non-binding, and the subscription can be cancelled at any time. Please specify the individual to whom we are to send the newsletter in future.

If necessary, please enclose/attach separate list or register online <https://huebener-ag.eu/en/newsletter/>.

Salutation Mr Ms
 First name(s): _____
 Last name: _____
 Email: _____

Salutation Mr Ms
 First name(s): _____
 Last name: _____
 Email: _____

7. Statistical information (provision of this information is voluntary)

Client management program used: _____

Membership of associations: _____

Membership of pools: _____

8. Required supporting documents

→ Copies of the following documents (not older than 6 months) should be enclosed:

Sole proprietorships and partnerships:

- ID or passport of each statutory representative
- Commercial Register extract or business registration (insofar as not yet entered in the Commercial Register)
- Extract from the Register of Insurance Brokers (or similar national entity applicable)
- Confirmation of insurance for Financial Liability (Professional Indemnity) and proof of minimum Sums Insured

Corporations:

- Commercial Register extract or business registration (insofar as not yet entered in the Commercial Register)
- Extract from the Register of Insurance Brokers (or similar national entity applicable)
- Confirmation of insurance for Financial Liability (Professional Indemnity) and proof of minimum Sums Insured

9. Final declaration

- I/we affirm that the **information we have provided above is accurate**. If it is established that I/we have provided false information or if the information received reveals something detrimental, the cooperation shall be terminated immediately.
- I/we agree that an **additional check** may be obtained from a business credit rating agency.
- In the event of a **cooperation with sub-brokers**, I/we undertake to subject the sub-brokers to proper checks.



Date / stamp / signature(s)

The undersigned is/are statutory representatives of the company with entitlement to issue legally-binding declarations on behalf of the company vis-à-vis Hübener Versicherungs AG.

**Brokerage table
Supplement to the brokerage agreement**

Agent No. XXXXXXXXXX

Risk category	Brokerage rate
Property insurance Discotheques, clubs, catering establishments, hotels, casinos, residential buildings	15.00 %
Property insurance – heavy risks All risks that are not specified under “property insurance”. In particular recycling, asylum hostels, vacant properties, properties subject to insolvency and administration proceedings as well as tents.	10.00 %
Liability insurance	20.00 %
Accident insurance	20.00 %
Combination products Consisting of a mixture of the respective aforementioned groups	The respective lower brokerage rate

In the case of transactions concluded below tariff, a reduction of the brokerage is possible on a case-by-case basis.