



Star Health And Allied Insurance Company Limited.

Regd. & Corporate Office.

1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai – 600 034.

Phone : 044-28288800 Telefax :044-28260062. Email Id : agents@starhealth.in

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Attested
Passport Size
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FORM I-B

APPLICATION OF AN EXISTING INSURANCE AGENT FOR APPOINTMENT TO ACT AS COMPOSITE INSURANCE AGENT WITH ANOTHER INSURER (LIFE OR GENERAL 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 Insurer	
General Insurer	
Health Insurer	
Other Mono-Line Insurer	
**Mention name of the Insurer 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 Organisation with whom you seek to obtain Appointment and submit all the Application Forms to your current insurer only.



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FORM I-B

APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT

Dear SIRs,

I request that Appointment to act as an insurance agent of your organisation 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 Organisation

(1) Name : _____

(2) Title : State 1. if Mr., 2. Mrs., 3. Miss : _____

(3) Father's / Husband's Name : _____

(4) Full Address :

HOUSE NO :	
STREET :	
TOWN :	
DISTRICT :	
STATE :	
PINCODE :	
TELEPHONE NO:	
MOBILE NO :	
Email ID :	

(5) Date of Birth : Day –Month–Year ___-___-___ Attach Age proof

(6) Educational Qualifications. (Tick the right Box) (Attach self-attested certificate)

Class X	Class XII	Graduate	Post Graduate	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PAN CARD Number _____(attach self-attested copy of the PAN CARD)

(8) Give Particulars of pass in pre-recruitment test conducted by the Insurance Institute of India or any Examination Body :

Name of Examination Body :	
Candidate's Name :	
Candidate's Number :	
Centre of Examination :	
Name of the Exam Passed :	
Date of Passing	(Day-Month-Year)
Note	Attach Certificate issued by the examining body



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9. I declare that---

- (a) I have not been found to be of unsound mind by a court of competent jurisdiction:
- (b) I Have not been found guilty of criminal misappropriation or criminal breach of trust or cheating or forgery or an abetment of or attempt to commit any such offence by a court of competent jurisdiction:
- (c) I have not been found guilty of or to have knowingly participated in or connived at any fraud, dishonestly or mis-representation against an insurer or an insured.

Place

Yours faithfully,

Date :

Signature of Applicant

Notes and Instructions

- (a) The application should be filled in, as far as possible, in English language.
- (b) Any correction or alteration made in any answer to the questions in the application should be initialled by the applicant.
- (c) An applicant must be at least 18 years of age on the date of the application. If required the applicant shall furnish proof of age.
- (d) An applicant shall furnish the proof of pass in the Insurance examination conducted by the Insurance Institute of India, Mumbai or an examination body approved by the Insurance Regulatory and Development Authority of India, along with the application.
- (e) The following documents should be attached with the application (a) Age Proof (b) Educational Qualifications (c) Proof of pass in the agency examination as mentioned above (d) Copy of PAN Card (e) Address proof to the satisfaction of the insurer (f) Cessation Certificate if any, that is held by the Agent

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 on the status of the Agency application submitted by him.