omni PROTECT

# PREMIUM CLUB

Application Form



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# Omni Protect Premium Club Services Form

## OMNI PROTECT

**Company Name:** Omnicore Intermediary Solutions Limited

**Main Contact:** Provider Agencies Helpdesk

**Registered Address:** Fintel House, St. Andrews Road, Huddersfield, West Yorkshire

**Postcode:** HD1 6NA

**Telephone:** 01484 439133

**Email:** agencies@omniprotect.co.uk

**Company Registration Number:** 04488043

## PREMIUM CLUB (to be completed by you)

Company Name:

Main Contact

Registered Address:

Postcode:

Telephone:

Email:

Company Registration Number:

FCA Number:

The Premium Services Panel is a commercial arrangement relating to enhanced commission terms on six specific insurers, and the enhanced commission terms are displayed on the relevant quotation systems.

You may continue to use all other insurers available through Omni Protect at the applicable Omni Protect commission level.

Participation in the Premium Panel does not prevent the firm or its advisers from considering or recommending providers outside the panel. The firm and its advisers remain responsible for ensuring that any recommendation is based on the individual customer's demands, needs and circumstances and is not determined by the commission arrangements available.

# Omni Protect Premium Club Services Form

## YOUR PROTECTION PANEL COMPRISES OF THESE 3 CORE PROVIDER

AVIVA L&G ZURICH

## CUSTOMISE THE 3 REMAINING PLACES ON YOUR PREMIUM PANEL

Select three additional Provider Partners to form part of your Premium Panel for enhanced commission purposes.

Beagle Street LV= ROYAL LONDON The Exeter Vitality

Choose from standard indemnity commission over 4 years, or select renewal commission option where you receive 2.5% of each monthly premium received after the initial 4-year period. This will apply to all six insurers on your panel. Select only one option.

☐ I confirm that I understand Omni Protect Premium Club offers a four-year indemnity term with **no renewal**, providing an initial commission rate of **220%** or the non-indemnity equivalent

☐ I confirm that I wish to choose four-year indemnity commission terms **with renewal** commission, providing a commission rate of **215%**. Or the non-indemnity equivalent, with a renewal commission of 2.5% per month after the initial 4-year period.

| Total of 3 selections | Name of Selected Provider Partners | Existing Agency Held? |
|---|---|---|
| Choice 1 | Select a Provider Partner | Please select 'Yes' or 'No' |
| Choice 2 | Select a Provider Partner | Please select 'Yes' or 'No' |
| Choice 3 | Select a Provider Partner | Please select 'Yes' or 'No' |

I am happy to share data about my firm and advisers with iPipeline (Assureweb) for this purpose. ☐

If you are an Exchange user, please tick the box below to ensure that The Exchange will reflect the Premium Services provider commission and you will use your existing logins. We will share data about your firm and your advisers with Iress (The Exchange) for this purpose. ☐

I am happy to share data about my firm and advisers with IRESS (The Exchange). ☐

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# Omni Protect Premium Club Services Form

Now that you have finalised your Omni Protect Premium Panel, tell us about the other providers you use or would like to use in addition to these providers.

Which insurers do you currently have? **Simply tick** the existing agency boxes below and we will transfer the other live insurer agencies you have ticked to the applicable Omni Protect terms, subject to the agreement of each insurer.

**Next step**, which new insurer agencies would you like to apply for, to broaden your protection offering to your customers, that you do not already have today? **Tick below, create new agency** and our agency team will arrange for new agency applications to be submitted, subject to acceptance by each insurer, and will be in touch to confirm details.

| Insurer | Transfer existing agency | Create a new agency | Insurer | Transfer existing agency | Create a new agency |
|---|---|---|---|---|---|
| Aviva | ☐ | ☐ | National Friendly | ☐ | ☐ |
| Beagle Street | ☐ | ☐ | Royal London | ☐ | ☐ |
| British Friendly | ☐ | ☐ | Scottish Widows | ☐ | ☐ |
| Cirencester Friendly | ☐ | ☐ | Shepherds Friendly | ☐ | ☐ |
| Guardian | ☐ | ☐ | The Exeter | ☐ | ☐ |
| Holloway Friendly | ☐ | ☐ | Vitality | ☐ | ☐ |
| Legal & General | ☐ | ☐ | Walsham Brothers | ☐ | ☐ |
| LV= | ☐ | ☐ | Zurich | ☐ | ☐ |
| Met Life | ☐ | ☐ | | | |

This Omni Protect Premium Services Form, together with the Omni Protect Premium Services Terms and Conditions and Omni Protect Services Terms and Conditions set out the terms of a legally binding contract between Omnicore Intermediary Solutions Limited and the Omni Protect Premium Firm. These cover both your preferred providers and the whole of market providers that you use. The contract takes effect only on countersignature by Omnicore Intermediary Solutions Limited, which may decline any application.

By signing this Form, you confirm that you have read and agree to the Omni Protect Premium Services Terms and Conditions found **here** and the Omni Protect Services Terms and Conditions found **here** and further agree that this Omni Protect Premium Services Form is governed by and subject to the Omni Protect Premium Services Terms and Conditions. The Omni Protect Premium Services Terms and Conditions apply to the Premium Panel agencies selected in this Form. The Omni Protect Services Terms and Conditions apply to all other agencies. If the Firm's Premium Panel arrangement ends, its Premium Panel agencies will transfer to the Omni Protect Services Terms and Conditions.

The Firm warrants that the authorised signatory signing this Omni Protect Premium Services Form has the authority to act for and on behalf of the Firm.

## TO BE COMPLETED BY YOU

**Accepted and agreed for and on behalf of:**

Authorised signatory:

Name:

Job Title:

Date:

## TO BE COMPLETED BY US

**Accepted and agreed for and on behalf of Omnicore Intermediary Solutions Limited:**

Authorised signatory:

Name:

Job Title:

Date: