BAJAJ | Allianz

Agency Application Form

☐ **Fresh** ☐ **Composite** (Fill Point No. 16(a) ☐ **Transfer** (Fill Point No. 16(b)

Please affix recent passport size photograph to be self attested

Name of Division / Branch Office :

Code of Division / Branch Office :

Name of SM/BDM/ADP/RM/BDA:

Code of SM/BDM/ADP/RM/BDA : Area : ☐ Rural ☐ Urban

Sub: Application to join Bajaj Allianz Life Insurance Company as an Agent.

Note: Please use CAPITAL letters to fill the application form.

1. Full Name :
Title : ☐Mr. ☐Mrs. ☐Ms. ☐Dr. **First**
Middle
Last

2. a)Nationality : b) Category : ☐ General ☐ SC ☐ ST ☐ OBC

3. Date of Birth : dd/mm/yyyy

4. Gender : ☐ Male ☐ Female

5. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow/er

6. Fathers Name / Husbands Name :
Title : ☐Mr. ☐Mrs. ☐Ms. ☐Dr. **First**
Middle
Last

7. Languages Known :

Read	Write	Speak

8. Details of Qualification :
(a) Basic Qualification : ☐ Class X ☐ Class XII
Board Name :
Roll Number : Year of Passing :
(b) Academic Qualification : ☐ Class X ☐ Class XII ☐ Graduate ☐ Post Graduate ☐ Others
(Tick the highest qualification)
(c)Details of Insurance qualifications, if any
(d)Details of Other qualifications, if any

9. **PAN :**

10. Details of Bank Account :
Bank Account No :
Name of Bank :
Branch :
Place :

11 a) Address for Communication :
Door No Building Name :
Plot No. / Street Name
Landmark / Area
City
District
State
Pin Code : **Tel No.** Country Code Area Code Tel No.
Mobile Country Code Mobile No
E-mail :

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11 b). Permanent Address :

Door No | Building Name :

Plot No. / Street Name

Landmark / Area

City

District

State

Pin Code : **Tel No.** (Country Code Area Code Tel No.)

Mobile (Country Code Mobile No)

11 c). Driving Licence No. :

Passport No. :

Voter ID No. :

12 a). Applicant Training Details :

Training Mode* ☐ Online ☐ Offline

ATI Location * _____

Training Institute Name * _____

12 b). Applicant Examination Details :

Examination Body * : ☐ NSE.IT ☐ III Online

Examination Center * _____

Examination Language * _____

13. Present Occupation : ☐ Salaried ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Student ☐ Unemployed ☐ Housewife

Occupation Type : ☐ Govt. ☐ **Private** ☐ **Public** ☐ **NGO**

Industry (e.g. ; Pharma/I.T/etc)

Functionality (e.g. ; operations/Sales/etc)

Annual Income : ☐ Less than 1 lakh ☐ 1 lakh - 5 lakh ☐ 5 lakh - 10 lakh ☐ 10 lakh and Above

14. Do you have any Sales / Marketing / Networking experience? ☐ Yes ☐ No

If yes, please give details:

Name of Company	Period	Nature of Job

15. Name of Nominee :

Title : ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. **First**

Middle

Last

Address of the Nominee :

Door No | Building Name:

Plot No. / Street Name

Landmark / Area

City

District

State

Pin Code : **Tel No.** (Country Code Area Code Tel No.)

Mobile (Country Code Mobile No)

E-mail

Details of Appointee, if the nominee is a minor

Name :

Relationship to the Minor : **Date of Birth :**

Address :

16. (a) Are you an agent of any General insurance company ? ☐ Yes ☐ No

If yes, please give details:

Name of Company

Licence Number **Valid Up to** :

(b) Have you at anytime held Insurance agency for any Life Insurance Company? ☐ Yes ☐ No

If yes, please give following details :

Name of Company :

Licence Number : **Date of Issue :**

Agency Code Number : **Valid Up to :**

Date of Termination of Agency / NOC : dd/mm/yyyy

Reason For Termination of Agency :

(c) Have you also applied for a General Insurance agency? ☐ Yes ☐ No

If yes, please give details:

Name of Company :

URN :

17. Have you ever been

(a) declared or pronounced of unsound mind by a court of competent jurisdiction? ☐ Yes ☐ No

If yes, please give details:_____

(b) found guilty of criminal misappropriation or criminal breach of trust or cheating or forgery or found making an attempt to commit any such offense by a court of competent jurisdiction? ☐ Yes ☐ No

If yes, please give details:_____

(c) knowingly participated in or connived at any fraud, dishonesty or misrepresentation against an Insurer or Policyholder? ☐ Yes ☐ No

If yes, please give details:_____

(d) declared insolvent / applied for insolvency or compounded with your creditors? ☐ Yes ☐ No

If yes, please give details:_____

18. Have at any time in the past your application for grant of Licence been rejected or your licence cancelled by the Insurance company or Insurance Regulatory and Development Authority (IRDA) ? ☐ Yes ☐ No

If yes, please give details:_____

19. Are you related to

(a) An agent of Bajaj Allianz Life / General Insurance Company Ltd.? ☐ Yes ☐ No

(b) An agent of any other life / general insurance company in India? ☐ Yes ☐ No

(c) An employee / SM / an officer of Bajaj Allianz Life / General Insurance Company Ltd.? ☐ Yes ☐ No

(d) An employee or Unit Manager of any other life / general insurance company in India? ☐ Yes ☐ No

(e) A medical examiner of Bajaj Allianz Life / General Insurance Company Ltd.? ☐ Yes ☐ No

If answer to any of the above questions is yes, give details —

Name of Person : **Relationship :**

Company _____ Branch _____

IC / Employee / Medical Examiner Code _____ Licence Number (if any) _____

20. Are you an employee or spouse of an employee of Central /any State Government or Public Sector Undertakings ?
If yes, please give details: _____ Yes ☐ No ☐

21. Have you ever been employed by Bajaj group before?
If yes, please give details: _____ Yes ☐ No ☐

22. Are you related to any PEP (Politically Exposed Person)?
If Yes, Name , Designation & Relation to PEP . _____ Yes ☐ No ☐

22. Please give two references who are not related to you :

Name and Address (1)

Door No Building Name:

Plot No. / Street Name

Landmark / Area

City

District

State

Pin Code : **Tel No.** Country Code Area Code Tel No.

Mobile Country Code Mobile No

E-mail :

Name and Address (2)

Door No Building Name:

Plot No. / Street Name

Landmark / Area

City

District

State

Pin Code : Tel No. Country Code Area Code Tel No.

Mobile Country Code Mobile No

E-mail :

23. **Details of Family Members**

Dependent	**Age**	**Occupation**	**Annual Income**
Father			
Mother			
Spouse			
Children			
Others			

Declaration by the Candidate

I, _____

hereby declare that (a) I am not an agent of any other insurance company. (b) I have read the questions and given the answers only after understanding the same completely. The information given by me is to the best of my knowledge and belief.

I am also fully aware that if at any point of time the answers / information provided is found to be incorrect /wrong / misleading, the company can initiate any action against me as it deems fit including cancellation of agency and forfeiture of commission paid or payable to me.

Please affix recent passport size photograph to be self attested

Date :

Place :

Signature of Applicant :

Encl.: Copies of relevant documents – Proof of age, qualification and address

My Prospect 50

List of Prospective Customer

The success in insurance business primarily depends on the social network of the agent. This exercise during the process of interview is to gauge the potential of prospective candidate to convert immediate social contact into a prospective customer. We have identified 10 major social segments for the prospective IC to fill up in this list of prospective customers. No interview assessment sheet is to be submitted without having the completed prospective list attached.

Who are the prospective customers?

Precisely, we have defined prospective customer as;

m Have a need for Life Insurance m Have the health to be eligible for Life Insurance m Have the financial capability or regular source of income to afford for an Insurance policy m Most importantly, who can be reached and approached

Dear Candidate,
Since you have expressed your interest to pursue your career in insurance selling, it is imperative for you to know and understand few pre-requisites of life insurance business, i.e. doing the right activity at the right time with right prospect in an ethical way. Before you get into understanding the products and the business dynamics, it is necessary to prepare a concrete Prospects' List. Prospects are basically the people you know & are familiar with, and those who qualify on the consideration of need for life insurance, healthy enough to be eligible for insurance coverage, can afford the financial obligations, and finally, can be reached & approached appropriately. So, let you start your journey recollecting & recording the details of your near & dear ones…… Best of Prospecting!

My Friends						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Colleagues						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Relatives						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Neighbours						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Spouse's Friends						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Family Friends						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Parent's Friends						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Children's Friends						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Relative's Friends						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Friend's Colleagues List						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

My Priority Customer List*						
Sr.	Full Name of Prospect	Age	Family Size	Profession	Annual Income	Telephone No.
1.						
2.						
3.						
4.						
5.						

* List out the top ten priority customers whom you can convert into business, from the immediate social circle on the day of licensing.

Agency Scrutiny Sheet

Name of the Candidate :

Name of the Office : **DO / BO Code :**

Checklist of Documents to be attached with the Agency License Docket *(To be filled by BM)*

Sr. No.	P (Complete and Authentic)	List of the Document's
1	☐	Agency Application Form
2	☐	PAN Copy
3		Proof of Age (Tick any one from the list)
	☐	School Leaving Certificate
	☐	Passport or Driving License
	☐	Birth Certificate with the name of candidate (Municipal Certificate)
	☐	Authenticated Extract from School or College
	☐	Baptism Certificate
	☐	Domicile Certificate
	☐	**Defence ID Card**
	☐	PAN Card
4		Proof of Address (Tick any one from the list)
	☐	Ration Card
	☐	Voter ID Card
	☐	Utility Bill Electricity, Telephone, Gas
	☐	**Passport**
	☐	House Allotment Letter
	☐	Leave and Licence Agreement
	☐	**Driving Licence**
	☐	Bank Statement
	☐	Life Insurance Policy
	☐	Employer's Certificate
	☐	Gram Panchayat Certificate (Rural)
	☐	Document with address issued by Central / State Government
5		Proof of Education (Tick any one from the list)
	☐	SSC Pass Certificate (Mandatory in case of Rural)
	☐	HSC / PUC / 3 Year Diploma (10+3) Pass Certificate (Mandatory in case of Urban)
	☐	Graduation Pass Certificate
	☐	Post-graduation Pass Certificate
6	☐	Certificate of rural residence (applicable to rural candidates only, if the qualification is SSC)
7	☐	**Prospect List and Assessment Sheet**
8	☐	**Passport Size Photographs Affixed**
9	☐	50 hrs. Pre-licensing Training Mode ☐ Online ☐ Offline

Declaration by SM / ADP / RM / BDA and BM / DM

I have verified the completeness and authenticity of mentioned documents and prospect list and found to be correct which are enclosed herewith and found the forms are being duly filled by the candidate.

Name of SM / BDM / ADP / RM / BDA

Name of Divisional / Branch Manager

Divisional / Branch Manager Code :

Date : **Signature :**

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Interview Assessment Form

Name: _____ Number of Dependents : _____

Number of years living at the present Location : _____ **Present Occupation :** _____

Present Monthly Income : _____ Expected Monthly Income : _____

Number of Hours the candidate will put in a day : _____ a week : _____ a month : _____

Rating Matrix - Prospective Candidate **(Rating: 1 = Low; 5 = High)**

		SM / BDM / ADP/RM/BDA Rating	BM / DM Rating			SM / BDM / ADP/RM/BDA Rating	BM / DM Rating
I	**Social Network**			**III**	**Motivation for recognition**		
a.	Level of social contacts			a.	Level of aspiration		
b.	Ability to generate new contacts			b.	Level of self motivation		
c.	Persuasiveness			c.	Desire to achieve new heights in life		
d.	Ability to influence others			d.	Passion to excel in life		
e.	Social Nature			e.	Fascination towards rewards and recognitions		
II	**Financial Needs**			**IV**	**Personal Traits**		
a.	Level of desire to earn money			a.	Level of Integrity		
b.	Financial needs to earn more			b.	Communication skill		
c.	Financial commitments to family			c.	Ability to give right advice to customers		
d.	Desire to achieve more assets			d.	Natural selling skills		
e.	Present income Vs needs			e.	Energy level and enthusiasm		
					Total*		

* The total rating should not exceed 100 . The total average rating of a successful candidate should be minimum 50

Interview Assessment Result by SM / BDM / ADP / RM / BDA

Name : _____ **Code :** _____

☐ **Selected** (I recommend the candidate for the position of Insurance Consultant. ☐ **Rejected** (I decline the candidate for the position of Insurance Consultant.)

Date : _____ Signature .....

Interview Assessment Result by BM / DM

Name : _____ **Code :** _____

☐ **Selected** (I recommend the candidate for the position of Insurance Consultant. ☐ **Rejected** (I decline the candidate for the position of Insurance Consultant.)

Date : _____ Signature .....

Guidelines for conducting the Interview of Insurance Consultant

In an Indian context, no one buys life insurance, but it is always sold. That is the reason that a Consultant plays a pivotal role in Life Insurance selling. More importantly, hiring, retaining and motivating good consultants to perform continuously are the biggest challenges for the Sales Manager and that of the Organisation.

The objective of the interview is to understand the abilities and attitude of the candidate vis-a-vis to the pre-requisites to become a successful Insurance Consultant with BALIC. For the final Assessment by the Branch/ Divisional Manager, the candidate must carry the required 'Basic Information' and the 'Prospect 100' sheet duly filled and verified by the respective Sales Manager/ Business Development Manager /ADP. The BM/ DM have to effectively use this information to sketch the profile of the candidate, either to qualify or disqualify him/her as an Insurance Consultant with BALIC. So, it's a critical activity, and due care needs to be taken to see that the assessment is done properly which will yield the best results.

In the interview assessment sheet, the basic characteristics and the personality traits required to become a successful insurance sales person are categorised on four parameters. Each parameter consists of 5 personality traits or needs. The interviewer has to verify each specific trait or need of the candidate and rate it on a scale ranging from 1 to 5 marks. The maximum rating being 5 marks, the minimum is 1 mark. The minimum aggregate required for a candidate to qualify for the pre-licensing training is 50 marks. A specimen of interview questions is given below for each group

Social Network	mPlease describe your friends & family circle. mAre you associated with any social circle, clubs or community etc? mHow do you spend your leisure time? mDo you assist your friends in making important decisions in their lives?
Financial Needs	mAre you happy with your current social status and earnings? mHow much financial liability do you have? mWhat are your future commitments towards your family, e.g. child's education, marriage etc.? mHow much additional income you require to have a comfortable life as per your wish ? mAnd how do you plan to meet your future commitments?
Motivation for Recognition	mWhat do you value the most in life? mHave you ever come across any successful insurance agent? If yes, what did you like in him/her? mDescribe the biggest success & the failure you have experienced in your life? What is your learning from the both? mHow do you motivate yourself after a debacle/ failure?
Personal Traits	mHow do keep in touch with your friends and relatives? mHow often do you meet or talk to your friends and relatives? mDo you believe in building new relationships in your day to day life? mWhat is the exciting thing you find in agency as a career?

* Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions, for example Heads/ Ministers of Central /State government, Senior politicians, Senior government/ judicial / military officers, Senior executive of state owned corporations, Important political party officials & immediate family member of above persons (Spouse, Children, Parents, Siblings, In-laws).