

# AGENCY APPLICATION FORM

Please can you complete the form in **CAPITALS**.

1. Company name

2. Trading title(s)

3. Head office address

  
  
 Postcode

4. Other trading addresses  
(List separately if necessary)

  
  
 Postcode

5. Your company registration number

6. Date business was established

 /  / 

7. Are you owned, or controlled, by any other company not in the insurance industry

**YES / NO**

If **YES** please list and indicate the nature of the relationship

8. Are you associated with any other firm of insurance brokers or intermediaries?

**YES / NO**

If **YES** please provide full details here or separately

9. Are you authorised and regulated by the Financial Services Authority?

**YES / NO**

If **NO** please provide full details here or separately

10. FSA reference number

11. Telephone number(s)

12. Fax number

13. E-mail address

14. Website address

15. Full name of CEO

16. His/Her E-mail address

17. Full name of head of household business

18. His/Her E-mail address

19. List all directors, principals, non-executive directors, silent partners or shareholders

a) Full name

Date of birth

 

Full address

  

Qualifications

Number of years insurance experience

b) Full name

Date of birth

 

Full address

  

Qualifications

Number of years insurance experience

c) Full name

Date of birth

 

Full address

  

Qualifications

Number of years insurance experience

*Continue on a separate sheet if necessary*

20. Have any directors or principals ever been declared bankrupt or been compounded by creditors? **YES / NO**

If **YES** please provide full details here or separately

21. Name of your bankers

22. Their address

Postcode

23. To allow us to make BACS payments please advise

a) Insurance/Client account name

b) Sort code

c) Account number

24. Name of your accountants

25. Their address

Postcode

26. Has any insurer ever cancelled or refused you an agency?

**YES / NO**

If **YES** please provide full details here or separately

27. Which premium guaranteeing brokers do you deal with?

28. Do you finance your clients

a) Using your own funds for a period exceeding one month

**YES / NO**

b) Through a third party finance provider

**YES / NO**

c) In any other way

**YES / NO**

If c) please provide full details

29. Professional Indemnity Insurance

Insurer

Excess

£

Limit

£

Date of expiry

/ /

30. Do you sub-broke any business **YES / NO**

31. Are you a member of any professional insurance body **YES / NO**

If **YES** please provide full details here or separately

32. Type of business premises?  
(eg Ground floor shop, office, private house etc)

33. Total number of staff? Full time  Part time

34. What facilities are provided for staff training

35. State your estimated premium income

Household  £

Other non household personal lines  £

Commercial  £

Other (please specify)

36. What computer system do you use for business administration

37. What computer system do you use for household quotations

38. Can you laser print proposal forms **YES / NO**

39. Do you subscribe to a Computer Marketing Agency **YES / NO**

## DECLARATION

I authorise you to make any enquiries you may deem necessary in connection with this application.

I certify that the foregoing answers are true and correct to the best of my knowledge and belief, and that I am authorised by the organisation identified in the answer to **1.** above to sign this document.

Signed

Dated

Name

Position