

AGENCY APPLICATION FORM

Photocopy as many forms as you require, depending on the number of applications you wish to make. Company details can be filled in once and photocopied. On each copy, indicate which insurer you are applying to by ticking the box immediately below. Please note original signature(s) will be required on EACH form.

(Please use BLOCK LETTERS and tick where appropriate.)

I / WE WISH TO APPLY TO:

<input type="checkbox"/>	Allianz Cornhill	<input type="checkbox"/>	Hiscox
<input type="checkbox"/>	Beazley IDL	<input type="checkbox"/>	MMA
<input type="checkbox"/>	DAS	<input type="checkbox"/>	NIG
<input type="checkbox"/>	Fortis	<input type="checkbox"/>	Norwich Union
<input type="checkbox"/>	Groupama		

FULL TRADING TITLE:

If a partnership or sole trader please include full names.

TRADING ADDRESS:

<p>Present</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p style="text-align: right; margin-right: 50px;">Postcode</p> <p>Tel No. <input type="text"/></p> <p>Fax No. <input type="text"/></p> <p>Email <input type="text"/></p>	<p>Previous (if less than 5 years at current address)</p> <div style="border: 1px solid black; height: 120px; width: 100%;"></div> <p style="text-align: right; margin-right: 50px;">Postcode</p>
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ACCOUNT STATEMENT ADDRESS: (if different to the trading address)

	Tel No. <input type="text"/>
Postcode	Contact for account queries: <input type="text"/>

IF LIMITED COMPANY GIVE DETAILS OF:

Registered Name and No.

Authorised Capital	<input type="text"/> £	Issued Share Capital	<input type="text"/> £	Paid up Share Capital	<input type="text"/> £
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Date of incorporation

Give details of any Holding, Associated or Subsidiary Company

ARE YOU REGISTERED WITH THE GENERAL INSURANCE STANDARDS COUNCIL? Yes No

If yes, please give membership no.

ARE YOU REGISTERED WITH THE FSA? Yes No

If Yes, please give membership no.

What is your status under the ABI Code of Practice? Full-time intermediary Company Agent

Do you adhere strictly to the code? Yes No

Have you ever traded as registered broker? Yes No

If yes, please give reason for change in status

Of which intermediary organisations are you currently a member?

How long have you been established as an Insurance Intermediary on a full-time basis?

What is your status in relation to Life business?

Do you transact business through Sub Agents? Yes No

If yes, please give details

ARE YOU A LICENSED CREDIT BROKER UNDER THE CONSUMER ACT 1974? Yes No

If yes, please give licence no.

DO YOU CURRENTLY HOLD PROFESSIONAL INDEMNITY INSURANCE? Yes No

If yes, please give the following details:

Insurer Policy No.

Indemnity limit £ Excess £

Please give details of any claims during the last 5 years

PLEASE GIVE DETAILS OF YOUR BANK ACCOUNT:

Name of Bank Sort Code

Address Postcode

Account Title

Account No.

Length of time the account has been operative

Details of any charges, debentures or mortgages

DATE LAST ACCOUNTS PRODUCED (copy to be attached)

PLEASE GIVE DETAILS OF YOUR TOTAL ACCOUNT SIZE ON A PREMIUM INCOME BASIS (£)

Personal Insurance

Commercial Insurance

PLEASE GIVE DETAILS OF THE FOUR INSURANCE COMPANIES WITH WHOM YOU CURRENTLY HOLD YOUR LARGEST ACCOUNTS

Company:	
Address:	
	Postcode
Size of Account: £	

Company:	
Address:	
	Postcode
Size of Account: £	

Company:	
Address:	
	Postcode
Size of Account: £	

Company:	
Address:	
	Postcode
Size of Account: £	

References

In support of your application for an agency, the insurer may wish to seek suitable business references and you will be required to give your signed authority (below) that the insurer may contact any of the above business in this regard.

HAS ANY INSURER:

Refused or deferred granting you an agency?

Yes No

Granted an agency on cash only terms?

Yes No

Cancelled or curtailed your credit facilities?

Yes No

If you have answered 'yes' to any of the above, please give details:

HAVE YOU (IF A SOLE TRADER) OR ANY PARTNER (IF PARTNERSHIP) OR ANY DIRECTOR (IF A COMPANY):

- a. Become bankrupt or had a receiving order made against you/them? Yes No
- b. Ever made any composition or entered into any deed of arrangement with creditors? Yes No
- c. Ever been convicted of any criminal offence? (it is not necessary to include motoring convictions nor convictions regarded as 'spent' by the virtue of the Rehabilitation of Offenders Act 1974) Yes No
- d. Been subject to disciplinary procedures instituted by the Insurance Brokers Registration Council or any other professional or regulatory body? Yes No
- e. Been subject to a County Court judgement or order? Yes No

DATA PROTECTION

By signing this Agency Application Form you consent, both for your firm and for the individuals you tell us about, to the above-named insurer and/or Software Solutions Partners Limited and/or any member of either's Group using the information you supply for the purpose of managing the agency relationship(s). This will include agency administration and processing, fraud prevention, legal proceedings, trade references, credit searches, enquiries, records and discussions. Some of the information may be passed to business partners, regulators, relevant trade associations, appropriate credit bodies and forums, fraud prevention registers and lawyers acting on behalf of the above-named insurer or Software Solutions Partners Limited.

In addition the information you have supplied may be used by the above-named insurer and/or Software Solutions Partners Limited and/or any member of either's Group to advise you of other products or services that may be of interest. Your information may be shared with associated service companies and third parties and you may be contacted about services, which may be of interest to you or provided with commercial updates. The information you have supplied is confidential and will only be used for marketing purposes with your consent. If you do not wish to be contacted for marketing purposes, please tick this box.

You can ask to see a copy of the information held about you. A fee may be charged to cover the cost of providing details to you.

DECLARATION:

I / WE* HEREBY APPLY FOR AGENCY FACILITIES WITH AND CONFIRM THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE. I/WE* AUTHORISE OUR BANK (AS DETAILED WITHIN THIS APPLICATION) TO PROVIDE THE ABOVE-NAMED INSURER WITH A STATUS ENQUIRY/ FINANCIAL REFERENCE ON ME/US*. I/WE* GIVE MY/OUR* AUTHORITY THAT THE ABOVE-NAMED INSURER MAY SEEK BUSINESS REFERENCES FROM ANY OF THE REFEREES SHOWN ABOVE. IN THE EVENT OF SUCH FACILITIES BEING GRANTED I/WE* UNDERTAKE TO OBSERVE AND ABIDE BY YOUR TERMS OF BUSINESS.

*Delete as appropriate

Signature:	<input type="text"/>	Signature:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>		
Position:	<input type="text"/>		

Duly signed by Company Director(s), Proprietor(s) or Partner(s) and authorised in accordance with the signing mandate held by your bank.

Note: Applications for Limited Companies must be signed by a Director. Signatures of all parties are required for a partnership.