

Agency Application Form

This form to be completed by **ALL** intermediaries requiring agency facilities and must be accompanied by a full copy of the most recent Financial Account available.

Terms of credit are strictly 30 days, unless premiums are subject to specific Insurer payment terms.

Statements of account must be settled as per Clause 5.3 of the Terms of Business Agreement unless agreed otherwise.

1. Name:

2. Trading Title:

3. Address:
.....
.....

4. Telephone No:

5. Fax No:

6. General Email Address:

7. Date Business Established:

8. Type of Premises Occupied:

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

State YES or NO:

If 'yes' give name(s) and address(es):

.....
.....

10. Are you associated with or owned or controlled by any other company not connected with the insurance industry?

State YES or NO:

If 'yes' provide details of relationships or other material information:

.....
.....

11. Number of staff employed? Full Time: Part Time:

12. What facilities are provided for training?

.....
.....

13. Has your company received confirmation of its Financial Services Authority Authorisation, be it Full or Interim?

State YES or NO: If 'YES' state Authorisation number:

If 'NO' state date you applied:

14. Please tick if you are you members of: BIIBA IIB

15. Do you have professional indemnity insurance with the level of indemnity as currently specified by the Financial Services Authority?

State YES or NO: If 'YES', what is the limit of indemnity?

When does it expire?

Name of insurer and policy no.:

.....

16. Do you acknowledge that it is a condition of your agency facilities that adequate professional indemnity insurance be maintained at all times?

State YES or NO:

17. Has any insurance company / MGA ever cancelled or refused your agency?

State YES or NO:

If 'YES' state reasons:

.....

18. State:

- (a) Overall premium income: £
- (b) Private car premium income: £
- (c) Household premium income: £
- (b) Commercial motor / motor fleet premium income: £
- (c) Non Commercial motor premium income: £
- (d) Property Owner's premium income: £

19. Which computer system do you currently operate?

How computerised is your office i.e. quotes only / full office administration etc.?

.....

20. Do you charge an administration fee?

State YES or NO:

Is this specifically identified to your client?

State YES or NO:

21. Do you send the official insurers renewal notice to all your clients?

State YES or NO:

22. Are you registered under the Consumer Credit Act 1976?

State YES or NO:

23. Give name and address of your bankers:

.....

.....

.....

24. Give name and address of your accountant:

.....

.....

.....

25. Do you operate a Statutory or Non-Statutory bank account for client/Insurer funds?

Please give details:

26. Has any director, partner or executive ever been declared bankrupt or been compounded by creditors?

State YES or NO:

If 'yes' give full details:

.....
.....
.....

27. Please provide details of all Directors / Principals (see Appendix A)

Signed:

Position:

Date:

Please list other branches:

.....
.....
.....
.....

Important note:

This form is an application form only. Where agency facilities are granted, they will be subject to our normal Terms of Business Agreement which will be forwarded to you for completion if you haven't done so already.

Appendix A
Full details of all Directors / Principals

Full Name	Address	Age	Where insurance experience obtained and number of years	Qualifications