



**AGENCY APPLICATION FORM**

1. Full Name of Company/Firm (including trading title if applicable) applying for Agency.

2(a) Address from which the business is conducted.

Principal Tel. No.: Principal Fax No.:

E-mail Address: Web Site Address:

(b) Registered Office if different from (a) above.

(c) Address which we should utilise for accounting purposes.

3. Type of business (please indicate (✓) as appropriate):

- Limited Liability Company
- Partnership
- Sole Proprietor

4.(a) If the business is a partnership, is there a formal partnership registered as a limited partnership?

Yes  No

(b) If other than a standard partnership, please state the extent of each partner's financial commitment and responsibility.

5. Establishment/Incorporation Date of Company/Firm.  
.....

6. Total number of staff employed  
.....  
(including Directors, Principals and Partners).

7.(a) FCA Authorisation Number  
.....

(b) Has the Company/Firm or any Directors/Principals/Partner of Manager ever been the subject of any disciplinary or regulatory investigation(s) or action(s) or had it's/their membership/registration revoked, or is any such matter pending?

Yes  No

If you have answered YES then please provide details:

8. Is the Company/Firm registered under (please indicate (✓ as appropriate):

- (a) Consumer Credit Act
- (b) Data Protection Act

9. Please provide the following information in respect of all Directors, Principals and Partners, Managers.

Full Name	Position	Professional Qualifications	How long position held.

10. Has the Company/Firm or any of the persons listed in Question (8) ever had an agency or an agency application declined or terminated or granted on special terms?

Yes  No

If YES, please specify:

11. Have any of the persons listed in Question (8) been convicted of any criminal offence other than minor motoring offences?

Yes  No

If YES, please specify:

12. Have any of the persons listed in Question (9), or has any organisation in which they held a managerial position, been involved in liquidation, receivership, bankruptcy, an administration order or creditors agreement, or been subject to a County Court Judgement or Order? Please include details of any such matter currently pending:

Yes  No

If YES, please specify:

**PROFESSIONAL INDEMNITY INSURANCE**

13. Please provide the following information in respect of Professional indemnity Insurance which the Company/Firm has arranged and WHICH MUST INCLUDE ACTIVITIES TO WHICH THIS AGENCY AGREEMENT APPLICATION RELATES AND BE MAINTAINED IN FULL FORCE AND EFFECT.

Name of Insurer	Policy Number(s)	Expiry Date	Limit(s) of Indemnity (indicate Any One Claim or Aggregate)

**FINANCIAL**

- 14. (a) Please indicate financial year end .....
- (b) Please give an indication of total commission income of the business for your last financial year. ....
- (c) Are you able to confirm that the Company/Firm maintains a separate designated "insurance broking (agency) account(s)" into which all monies paid to or received from all sources and which relate to insurance transactions of any kind in connection with the insurance broking (agency) business, including brokerage, are transacted.

15. Please provide name, address and telephone number of your:

Banker:

Account No.: <span style="float: right;">Sort Code:</span>

Accountant:

--

Auditor:

--

**GENERAL INFORMATION**

16.(a) Please provide details of your Lloyd's broker(s), if any

--

(b) Please provide appropriate percentage breakdown of your insurance premium income together with a note of your major markets and indicating (\*) where some form of delegated authority/facility arrangement exists.

<b>Class</b>	<b>%</b>	<b>Insurer (* indicates delegated Authority)</b>
(i) Professional Liability (PI, E&O, D&O)		
(ii) General Liability (EL, PL/Prods)		
(iii) Commercial Motor/Property		
(iv) Private Motor/Property		
(v) PA Travel/Medical Expenses		
<b>Total</b>	<b>100%</b>	

DECLARATION

I/We hereby make application to become an Agent of Confidas

I/We will update Confidas of any changes in our business and the persons involved in selling and advising of general insurance that is relevant to this agreement.

I/We hereby agree that Confidas may make any necessary enquiries to process this application in particular but not exclusively references from your bank and auditors.

I/We confirm that the information declared is true and that any other relevant information has not been withheld.

I/We attach a copy of our latest audited accounts to assist the application process.

Name: ..... Position: .....

Signature: .....Date: .....

**Confidas**  
 Stephenson House, 2 Cherry Orchard Road, Croydon, CR0 6BA  
 Tel: 020 8603 7157  
 www.confidas.co.uk