

AGENCY APPLICATION FORM



1. Company and Contact Details

Trading or Business name:

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Legal name (if different from above):

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Business address:

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..... Postcode:.....

Telephone number: Fax number:

Website address:

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Contact name:

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Contact email address:

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Please list full address and contact details for any other offices on a separate sheet.

Legal form of business:

Sole Trader

Partnership

Limited Company

Company registration No.

Please list details for all Directors, Principals / Partners and Senior Managers:

Full name & qualifications	Position	Prior experience if in position less than 5 years
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1a. Have any persons listed above, or has any company in which they have held a management position, been involved in liquidation, receivership, bankruptcy, dissolved, high court writ, voluntary wind up orders, been struck off or is any similar procedure pending? Yes No

1b. Have any persons listed above been convicted of any criminal offences, other than motoring offences? Yes No

1c. Have any persons listed above had the provision of a bond or fidelity guarantee in the past declined, terminated or restricted? Yes No

1d. Have any persons listed above had an insurance agency or insurance agency application declined, terminated or restricted? Yes No

1e. Do any of the persons listed above have an agreement, express or implied, with any other entity which prevents or restricts them from holding an insurance agency, whether generally or with INCEPTA Risk Management Ltd? Yes No

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1f. Have any persons listed ever held an agency or transacted business with INCEPTA Risk Management Ltd?

Yes No

1g. In the last twelve months have you, your company or any member of your staff been fined, censured or subject to a formal enquiry by a regulatory body (e.g. Financial Conduct Authority) or has any licence/permission been suspended or terminated?

Yes No

If you have answered 'Yes' to any point above please give details on a separate sheet

Do you specialise in any class of business / trade sector?
If Yes, please provide details

Yes No

Do you offer any sub-broking facilities?
If Yes, please provide details

Yes No

Is the company a member of any broker networks?
If Yes, please provide details

Yes No

2. Regulatory information

FCA firm reference number:

Do you hold any Client Money?
Please supply details of banking arrangements for holding premiums

Yes No

Please confirm the Limit of Indemnity under your Professional Indemnity Insurance:

£

Do you hold Fidelity Guarantee Insurance?

Yes No

In both cases please supply a copy of your current schedule / certificate of insurance.

3. Finance & bank account details

Account / billing address (if different from business address):

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Postcode:

Accounts department contact name:

Accounts department email address:

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Registered address (if different from business address):

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 Postcode

Please provide the name and address of Bankers for your Premium Account:

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 Postcode

Are you able to make payments and receive return premiums by BACS? Yes No

If yes, please confirm details below:

Account Title:

.....
 Account No: Sort Code:

Please note that for BACS payments we will need a separate e-mail or fax each time confirming the payment sent and which cases are covered as the banks do not generally provide this information

4. References

Please provide details of two Insurers who we could approach for references if required

Insurer	Branch	Contact Name	Telephone number
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5. Declaration

We apply to INCEPTA Risk Management Ltd to place Insurance Business in accordance with the Terms of Business Agreement attached hereto. We acknowledge that those terms govern how Insurance Business will be handled by us in our dealings with INCEPTA Risk Management Ltd. We declare that the information given in this application is accurate and complete and we agree that this application is the basis for the working relationship between ourselves and INCEPTA Risk Management Ltd. We understand that in the event that any of the information contained in this Application Form is not complete or accurate, our Terms of Business Agreement may be terminated by INCEPTA Risk Management Ltd at its sole discretion.

By signing this Application Form we hereby consent to INCEPTA Risk Management Ltd conducting a credit check on the Applicant and/or any of the persons named in section 1. We also undertake to advise INCEPTA Risk Management Ltd immediately in writing if any of the information previously given to INCEPTA Risk Management Ltd changes.

Signed: Title (authorised signatory):

Name:

Company:

Date: DD MM YYYY

Please complete this form in full, enclose the following documents and return to: INCEPTA Risk Management Limited 141/142 Fenchurch Street, London EC3M 6BL

- Copy of most recent audited annual accounts
- Copy of Professional Indemnity Insurance and Fidelity Guarantee Schedules