

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?

Yes No

Please supply details of banking arrangements for holding premiums

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):

Postcode:

Accounts department contact name:

Accounts department email address:

