

AGENCY APPLICATION FORM

To enable us to deal promptly with your application, please complete the boxes below in BLOCK CAPITALS using ink or ballpoint pen			
1. Company Name and/or Trading Title			
2. Companies House Number			
3. Address			
		Post Code	
4. Telephone Number		5. Facsimile Number	
6. Email address			
7. Key Broker Contact Name			
8. Please give full name(s) of principal, partners or directors and their professional qualifications			
9. How many of your staff are qualified to ACII or above in Non-Life insurance?			
10. Date Established			
If established less than 3 years, please give details of partners, or directors employment or experience (continue on a separate sheet if necessary)			
11. Approximately how much general premium income do you control?			
How much of this relates to commercial / private (non-motor)?			
12. Is your business registered with the F.C.A.?		Yes	No
If 'Yes', please state your Firm Number			

Please forward a copy of your Professional Indemnity Insurance Certificate or Verification of Cover for our records

18. Please state the name and address of your bankers

	a) Own Account	b) Client Account

Signed by		Position	
-----------	--	----------	--

Dated		
-------	--	--

Please return this form to:

Nelson Policies at Lloyd's, 2nd Floor, Knightrider Chambers, 12 Knightrider Street, Maidstone, ME15 6LP

A copy of your latest available Reports & Accounts would also be appreciated