

## AGENCY APPLICATION FORM

In order to comply with our legal and regulatory obligations we require all business partners to complete an agency application form. This form is designed to assist us in meeting our obligations and professional standards by obtaining relevant details about your business so that we can perform appropriate vetting and approval before entering into a contractual relationship with you.

In this form the terms 'Broker', 'Intermediary', 'Firm', 'Business' means the person, company or partnership in respect of which this form is being completed and 'You' and 'Your' means the individual on whose behalf this form is being completed.

Information provided in this form will be treated as strictly private and confidential and only used for the purposes of considering the establishment of a trading relationship. We shall be entitled to retain this application form indefinitely for our record keeping purposes.

The completion of this application form does not place an obligation on either party to enter into a trading relationship. However, we shall be able to rely upon any information provided by you in this application form and any supporting information in the event that we engage in a trading relationship with you.

### General Information

Full legal name of Firm:

Trading name(s) or business name(s):

Registered address:

Postcode:

Trading address:

Postcode:

Website:

Principal contact:

Name:  Phone:

Email:

**Legal and Regulatory Information**

Date Firm established:

Legal status:     Sole Trader                       Limited Company                       Partnership

Limited Liability Partnership

Company Registration Number:

FCA Firm Reference Number:

If authorised as an Appointed Representative, please provide details:

Name of Principal  FRN

Please provide details of the Firm’s principal/controlling shareholders (25% shareholding or greater):

Full Name	Date of birth	Nationality	% of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide details of the Firm’s Board Members not listed above:

Full Name	Date of birth	Nationality	% of ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has the Firm previously traded under another name?                      Yes                      No

If Yes:

Full name

Date from  Date to

Total number of staff:    Current year     Prior year

What are the principal business activities of your Firm?

Retail Broker                       Wholesale Broker

Advised                       Non-Advised

Does the Firm provide claims first notification of loss?                      Yes                      No

Is the Firm a member of any broker or trade association? Yes      No

If Yes, please provide details

Approximately how much general insurance premium income do you control?

How much of this income relates to:

Commercial  Residential  Motor

Does the Firm charge its customers additional fees above the policy level commission, such as an administration fee? Yes      No

If Yes, please provide details e.g. £15 administration fee or administration fees ranging from £10-15. Do not include fees that are paid in lieu of commission and agreed with customers. Fees where a carrier provides a net quote should not be included.

Please confirm that remuneration paid by the customer is consistent with the Firm's regulatory obligations: Yes      No

Does the Firm sell any ancillary products/activities alongside core products which may affect the product's value? Yes      No

If Yes, please provide information on the ancillary products/activities and how they affect the product's value:

### Professional Indemnity Insurance

Does your business have professional indemnity insurance? Yes      No

Limit per occurrence  Next renewal date

Does the insurance cover all of your of the Firm's activities? Yes      No

Does coverage include dishonesty of the Firm's employees? Yes      No

Are there any claims or circumstances known which might give rise to a claim, where past or present insurance coverage may be inadequate or not respond? Yes      No

If Yes, please provide details:

**Sanctions / Financial Crime**

Does your Firm have documented policies and procedures to protect it from being used to conduct financial crime such as Money Laundering, Bribery and Corruption and Fraud? Yes      No

If No, how do you prevent your business from being used for financial crime purposes?

Does your Firm have procedures in place to make sure it is not trading directly or indirectly with designated individuals or entities, goods or countries subject to international sanctions? Yes      No

If Yes, please indicate the lists that are screened against:

UK HMT                      EU                      UN                      OFAC

Other (please specify)

Please indicate frequency of screening:

Take on                      Ongoing                      Ad hoc                      Prior to payment

If no, please explain how you make sure that the Firm does not breach international sanctions:

Do you or any of the Firm’s principal shareholders, directors, officers, employees or persons representing the Firm or their close relatives work for or on behalf of any governmental or public body or have any close connection with a public official? Yes      No

If Yes, please provide details:

To the best of your knowledge, does any public or government official have any interests or stand to benefit in any way as a result of the proposed trading arrangement with us?      Yes      No

If Yes, please provide details:

### Reputation and Standing

Have you or the Firm or any organisation within the same group (or any director, partner, principal or senior manager of same) been fined, prohibited from carrying out any authorised activity or been the subject of regulatory censure either private or public in the last five (5) years by regulatory and/or government agencies?      Yes      No

Have you or the Firm (or its principal shareholders, directors, officers, employees or persons representing the Firm) been charged with or convicted of a criminal offence other than a minor motoring offence in the last five (5) years or is currently the subject of any criminal or civil investigation or proceeding?      Yes      No

Have you or the Firm (or its principal shareholders, directors, officers, employees or persons representing the Firm) filed for bankruptcy in the past five (5) years?      Yes      No

Has any Insurer / MGA / Underwriting Agency ever cancelled, declined or restricted the terms of agency with you?      Yes      No

If you have answered Yes to any of the questions above, please provide details:

### Additional Documentation

The completed Application Form should have the following documentation attached. Please tick as appropriate:

- A copy of the Firm's current Professional Indemnity insurance certificate
- Bank account details on the Firm's headed stationery
- A copy of the Firm's most recent audited Report & Accounts

## Declaration

I am authorised to submit this Agency Application Form on behalf and make this declaration on behalf of the business

I confirm that to the best of my knowledge and belief the information provided in this Agency Application Form is accurate, complete and up to date

I will notify Nelson Policies at Lloyd's immediately of any material change to the information given in this Agency Application Form

I authorise Nelson Policies at Lloyd's to make such enquiries and to seek such further information as it thinks appropriate to verify the information given in this Agency Application form

I confirm that the Firm and its directors, officers and employees or persons representing the Firm hold or will obtain all necessary authorisations / licences to enable it to conduct business

I acknowledge that I may be asked to provide Professional Indemnity insurance details annually

I acknowledge that I may be asked to re-certify the information contained in this Agency Application Form

I confirm that I have read and understood the Privacy Notice which is available at <https://nelsonpolicies.co.uk/privacy-2/>

Signed

Name

Position

Date