



Trading Partner Agency Application



General Information

Full Trading Name:	<input type="text"/>		
Main Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Legal/ Compliance Contact:	<input type="text"/>	Email:	<input type="text"/>
Accounts Contact:	<input type="text"/>	Email:	<input type="text"/>
Sales Contact:	<input type="text"/>	Email:	<input type="text"/>
Business Address:	<input type="text"/>		
Post Code:	<input type="text"/>		
Telephone Number:	<input type="text"/>		
Website Address:	<input type="text"/>		
Occupation / Nature of Business	<input type="text"/>		

Is the Company a:

Public Ltd Company <input type="checkbox"/>	Private Ltd Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>
Date Established or Registered	<input type="text"/>	Company Registration No.	<input type="text"/>
If you are a Limited Company please indicate issued share capital	<input type="text"/>		

If you are associated with a subsidiary of, or controlled by, any other company including any other firm of insurance brokers or intermediaries please give details of the relationship and any other material information.

How many employees including working directors?

How many individuals in the organisation:

Sales Underwriting Claims Compliance Admin

Organisation(s)/Network(s) currently registered with?

Regulation

Is your firm authorised and regulated by an approved EEA Insurance Regulator?

Yes No

If so please provide:

Firm Reference Number:

Name of Regulator:

Date of authorisation:

If not, is your firm an Appointed Representative of any authorised Firms?

Yes No

If so in each case provide:

The reference number for your firm:

Date of appointment as Appointed Representative:

The name of your firm's principal

The Firm Reference Number of your firm's principal

Compliance contact at the principal firm:

Are you registered under the Data Protection Act? Yes No

If Yes, what is your registration number?

Is your firm authorised by the Ministry of Justice in relation to claims handling for the purposes of the Compensation Act 2006?

Yes No

Professional Indemnity Insurance

Do you currently hold Professional Indemnity Insurance?

Yes No

If Yes, please provide

Name of Insurer

Policy Number:

Renewal Date:

Limit of Indemnity:

£

Policy Excess:

£

Has any PI cover ever been cancelled, declined, renewal refused or accepted on special terms or with an increased premium? Yes No

If Yes please give full details

Please advise of any PI Claims in the last 5 years:

Do you have an up to date Business Continuity/Disaster Recovery Plan in place? Yes No

General Insurance Business Split - indicate business split by product category

Business Type	Gross Premium Income (£)
Commercial Combined	<input type="text"/>
Commercial Packages.g Office, Shops, etc	<input type="text"/>
Commercial Vehicle/Motor Fleet	<input type="text"/>
Property Owners	<input type="text"/>
Contractors	<input type="text"/>
Motor Trade	<input type="text"/>
Personal Accident	<input type="text"/>
Health / PMI	<input type="text"/>
Standalone Liability	<input type="text"/>
PI	<input type="text"/>
Farm Combined	<input type="text"/>
Farm Motor	<input type="text"/>
Personal Lines (Motor/Household)	<input type="text"/>
Other personal lines e.g. Pet, Travel, etc	<input type="text"/>
Other (Please specify)	<input type="text"/>

Other General Business Information

Premium Income 2 years ago:	<input type="text"/>	Last year:	<input type="text"/>	Current:*	<input type="text"/>	*Estimate
Brokerage Income 2 years ago:	<input type="text"/>	Last year:	<input type="text"/>	Current:*	<input type="text"/>	*Estimate

Other Insurers – Please list top 2 agencies held by premium and confirm details in spaces below.

If you hold any wholesale / underwriting agencies, do any of them offer you Risk Transfer? Yes No

Give the full names and addresses of two other insurance companies with which you currently have agency facilities and the dates from which they have operated and the approximate premium income with each of them

Insurer 1:	<input type="text"/>		
Contact Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Agency Number:	<input type="text"/>	Premium Income:	<input type="text"/>
		Date:	<input type="text"/>
Insurer 2:	<input type="text"/>		
Contact Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Agency Number:	<input type="text"/>	Premium Income:	<input type="text"/>
		Date:	<input type="text"/>

Insurer	Main Business Type	Branch Location	Annual Premium Account
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Company		% of Total
If you hold any wholesale or underwriting agencies, who are they with?	<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"/>
If you hold any Lloyd's Guaranteeing facilities, who are they with?	<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"/>

Personal Details of Directors or Principals

Director/Principals' Full name:	<input type="text"/>		
Private Address:	<input type="text"/>		
Telephone Number:	<input type="text"/>		
Postcode:	<input type="text"/>		
Are you, as an individual, recognised by the FCA as an approved person, performing a controlled Function?	Yes	No	
FCA Individual Reference Number (IRN) if applicable:	<input type="text"/>		
Relevant details of experience /qualifications	<input type="text"/>		
Director/Principals' Full name:	<input type="text"/>		
Private Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone Number:	<input type="text"/>		
Relevant details of experience /qualifications	<input type="text"/>		
Has any Director, Partner, Proprietor or Manager, personally or by association had:			
Any agency or agreement with any insurer refused or cancelled other than for reasons of lack of support, or any credit facility refused or cancelled?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Been subject to any disciplinary proceedings instituted by the FCA (any previous regulator such as, FSA IBRC/ GISC) or other professional body?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Been convicted of any criminal offence (other than a minor motoring offence not regarded as spent under the Rehabilitation of Offenders Act 1974)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Been subject to any County Court Judgment or order?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Been adjudged bankrupt, subject to receiving order, entered into an agreement with creditors or been involved with any business which has gone into liquidation or is any such matter pending?

Yes No

If you have answered yes to any of the above questions please give details below

Had the business ever had agency or collection facilities refused or withdrawn?
If so, by whom and for what reasons.

Yes No

If Yes please give full details

Professional Status

Is the business a member of any professional organisations?

Yes No

If Yes which ones
(e.g. BIBA, IIB, CII Lloyds).

Has your application, registration or enrolment of any professional body ever been refused, declined withdrawn or cancelled?

Yes No

If Yes, please state reasons.

Bank and Referees

Give full name and address of your bankers.

Name:

Address:

Postcode:

Do you require two signatures on all outgoing payments? Yes No

Do you have Client Money permissions? Yes No

If 'No', do you hold Insurer Monies in an equivalent trust separate to an office account? Yes No

If 'No', please state how Insurer Monies are held

Give full name and address of your accountants /auditors.

Name:

Address:

Postcode:

If your firm has been in business less than two years please state the following in relation to each FCA Approved Person::

Name of previous employer:

Duration of employment:

Contact Individual:

Address:

Postcode:

Telephone Number:

Fax Number:

Bank Reference Authorisation

To: Bank Plc

Address:

Postcode:

I/We

Address:

Postcode:

Account Number: Sort Code:

Consent to your providing orally or in writing, a reference to Rural Insurance Limited or their bankers as requested Signed:

Date:

Position:

For and on behalf of:

Documents to include

Please include the following documents in order for your application to be processed:

- Latest Audited Accounts PI Certificate
- PI Schedule / Wording and Certificate Copy of Employers Liability and Personal Liability Certificated

Declaration

I/We* make application to be granted an appointment by Rural Insurance Group Limited and hereby agree that Rural Insurance Limited may seek references and make any necessary enquiries to process this application.

I/We* agree that if this application is accepted the appointment shall be governed by the terms of Rural Insurance Group Limited Agency Agreement /r "Terms of Agreement":

I/We* confirm that the information declared with this application is true and accurate and that any other relevant information has not been withheld. Any attempt to mislead or supply false information to Rural Insurance Group Limited will result in the application being rejected.

I/We* agree that Rural Insurance Group Limited may disclose information from this application in order to secure agency or insurance facilities on my/our behalf.

I/We* agree that any appointment granted by Rural Insurance Group Limited may be reviewed, revoked or suspended at the sole discretion of Rural Insurance Group Limited and its officers.

I/We* agree to be bound by the conditions set out in the Rural Insurance Group Limited Terms of Business Agreement.

Signature

Job title

Print name

Date

Please return this application to:

Rural Insurance Group Limited
The Hamlet
Hornbeam Park
Harrogate
HG2 8RE

T: 0344 55 77 177

F: 01423 876 001

E: agency@ruralinsurance.co.uk

W: ruralinsurance.co.uk

