

COMMERCIAL RISKS (UK) LTD AGENCY APPLICATION FORM

1. Name / Trading Title:

2. Postal Address:

Postcode:

3. Registered Address:

Postcode:

4. Telephone No:

Fax No:

5. Email Address:

6. Company Registration No:

7. Year Business Established:

8. Type of Premises Occupied (e.g. Office, Shop Front, PDH etc):

9. Company Status (e.g. Public Limited, Private Limited, Partnership, Sole Trader etc):

9a. If a Limited Company please state;

Authorised Share Capital: £

Fully Paid Up Capital: £

10. Please list any branches or offices:

11. Please list any associated businesses and identify the nature of the relationship with your company:

12. Have you traded previously under a different name? YES/NO

If Yes please provide details:

13. Have you previously dealt with Commercial Risks (UK) Ltd as an insurance broker? If so please state when and for how long:

14. (a) Please provide the name and address of your Bankers:

(b) Please provide the name of the appropriate contact in the accounts dept.

15. Please provide the name and address of your Accountants:

15a. Please provide name and address of your Auditors (if different from Q15):

16. (a) Please confirm that all client monies are held in a separate Statutory / Non-Statutory trust account and that you comply with FSA CASS rules. YES/NO

(b) With this application please include details of your company's implementation of the FSA Principle 'Treating Customers Fairly'

17. Please advise the total number of staff including working directors / partners:

Full Time:

Part Time:

18. Please identify your training procedures:

19. Please advise your FSA Firm Reference Number:

Please give full details of any Appointed Representatives:

Are you a member of BIBA? If so please provide membership number:

Are you a member of IIB? If so, please provide membership number:

Please provide your membership details of any other professional bodies:

20. Are you an appointed or nominated Broker for any Trade Association? If so please give details:

21. Have you ever had an application refused or membership cancelled, by any professional body? If so, please give details:

22. If your firm is part of a group of companies, please provide details of the ultimate ownership:

Name/Trading Title:

Address:

Country:

Primary Business Activity of holding company:

23. Please provide a group structure chart showing the shareholding of your firm and the ultimate holding company, if applicable.

24. Please give details of all the main Board of Directors and Compliance Officer:

Name:

Address:

Age:

Position:

Qualifications:

Experience:

Name:
Address:

Age:
Position:
Qualifications:
Experience:

Name:
Address:

Age:
Position:
Qualifications:
Experience:

25. Has your firm, or any of its current Directors, Partners, Proprietors or Principal Officers ever been convicted of any offence involving dishonesty, theft, robbery, burglary, blackmail, handling stolen property, forgery, fraud, income tax evasion or any other similar offence? If so please give details on a separate sheet. YES/NO

26. Has your firm or any of its current Directors, Partners, Proprietors or Principal Officers ever been involved in a firm for which an order or resolution has been passed winding up the firm, or where an administrator, liquidator or insolvency practitioner has been appointed? If so, please give details on a separate sheet. YES/NO

27. Has your firm or any of its current Directors, Partners, Proprietors or Principal Officers ever been personally adjudged bankrupt or been subject to a receiving order / county court judgment? If so please give details on a separate sheet. YES/NO

28. Has your firm or any of its Directors, Partners, Proprietors or Principal Officers been censured, fined, or had conditions imposed by any external insurance regulator? If so, please give details on a separate sheet. YES/NO

29. Please provide the amount of Professional Indemnity cover:

Limit in respect of each and every claim: £
Limit in the aggregate: £
Deductible £ each and every claim / aggregate
Expiry Date:

30. Please advise your PI Insurer's name:

PLEASE ATTACH A COPY OF YOUR PROFESSIONAL INDEMNITY SCHEDULE TO THIS FORM

31. What is the annual fee and/or brokerage income of your firm in sterling?

32. Please show the approximate net annual premium handled by your firm showing a breakdown by classes:

Class of Business	Net Premium	Percentage
Liability (stand alone):		
Commercial Combined		
Directors and Officers:		
Liability (Excess Layer):		
Marine:		
Personal Lines:		
Motor Fleet:		
Professional Indemnity:		
Property Owners – Commercial:		
Property Owners – Residential:		
Any Other (define):		

33. Please show an estimate of the percentage of your business received from each geographical area:

UK:
Republic of Ireland:

Other EU:
Other Europe:

Rest of World:

34. Please advise the major insurance company markets with whom you have current agencies:

35. Do you have any direct facilities with Lloyds or London Company markets? Please identify the insurer/syndicate, Lloyds broker and class of business:

36. Do you currently use any Lloyds Broker for facultative placings? If so, please identify the Lloyds Broker and class of business:

37. Please show names of insurers on whose behalf you have authority to accept business where the insurer accounts for 10% of more of the total business written by your firm.

38. Have you ever had a insurance company/underwriting agency agreement cancelled? If yes, please give full details: YES/NO

39. Are any Directors employed by any other company, other than the applicant? If yes, please give full details:

DECLARATION STATEMENT

We confirm that this is correct to the best of our knowledge and that COMMERCIAL RISKS (UK) LTD may seek financial references to support this application. We also agree to notify COMMERCIAL RISKS (UK) LTD of any material changes to the information contained within this application form.

Signed for and on behalf of the applicant

Print name

(Director/Partner)

Dated

Please return this form to James Osman, COMMERCIAL RISKS (UK) LTD, Ground Floor North, 9-13 Fenchurch Buildings, London, EC3M 5HR. Telephone: 020 7702 2103 Fax: 020 7488 9792 Email: james@commercialrisks.co.uk

PLEASE ATTACH A COPY OF THE FOLLOWING TO THIS APPLICATION;

Your latest audited accounts

Copy of your company structural chart

Details of your companies implementation of the FSA Principle 'Treating Customers Fairly'

Important Note: Agency is not 'live' or 'granted' until the Terms of Business Agreement (TOBA) has been signed by us.