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# Wholesale - Producing Broker Application Form

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| --- | --- |
| Full name: |  |
| If a sole trader or partnership, please state full name(s), home address(es), whether home owner(s) and enclose a copy of your latest accounts: |
|  |  |
|  |
| Trading address: |  |
|  |
| Tel No: |  | Fax No.: |  |
| Email: |  | Website: |  |
|  |
| When established: |  | Company Registration No: |  |
|  |
| Financial Year End: |  |  |
|  |
| Are you: |
| 1. FCA authorised to transact general insurance?
 | **YES / NO (Please delete)** |
| 1. An Appointed Representative of an authorised firm?
 | **YES / NO (Please delete)** |
| If b) please give details of your Principal: |
| Name: |  |
| Address: |  |
| Tel No: |  |
|  |
| If applicable, please advise of your FCA Firm Reference Number: |  |
| Please give banker’s name and address: |  Please give accountant’s name and address: |
|  |  |
|  |
| Name of Professional Indemnity insurer (Provide copy of certificate) |  |
|  |
| Policy No: |  | Renewal Date: |  / / |
| Limit of indemnity |  | Excess: |  |
| Does any Director, Partner or Principal have any criminal convictions (other than for driving offences) not treated as spent convictions under the Rehabilitation of Offenders Act 1974? **YES/NO (Please delete)** |
| If yes, please give details below: |
|  |  |
| Has any Insurer, Managing General Agent or Broker agreement previously held by you been cancelled or terminated (other than for lack of support)? **YES / NO (Please delete)** |
| If yes, please give full details below: |
|  |  |
| Declaration |
| I/We declare that all the above statements and particulars are to the best of my/our knowledge and belief true. |
| Signed: |  | Date: |  / / |
|  |
| Print Name: |  | Position: |  |
|  |