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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: | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
| 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: | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |