



Application Form

to become a sub-agent of Towergate Insurance (the Company)

This application form is intended for all companies directly authorised by the FCA who are planning to be Sub-Agents of our Firm.

Please fill in all sections of the application form.

Once completed, please return the form to your contact at Towergate.

Please confirm the following:

- I/We hereby make an application to become a sub-agent of Towergate Insurance.
- I/We enclose a copy of our most current P.I. certificate
- I/We attach a copy of our latest RegData, or as I/we am/are a new start-up, a copy of the financial information sent to the FCA as part of the application with them.
- In connection with this application, the Company may carry out a search with a licensed Credit Reference Agency, and may also ask them to check all or any of the application details I/we have submitted. I/we hereby expressly consent to such search or check. Should this application be successful, I/we agree to adhere to and be bound by the Firm's terms and conditions
- I/We hereby agree that the Company may follow up on references in assessing suitability for agency status. **(Please provide details of two referees separately)**

Section 1 – Company details

Please fill in all sections.

Company Name

Trading Title

Company Registration Number (if applicable): Date Established

Organisation Type / Legal Status (Please tick one) Sole Trader Private Limited Company Unincorporated Association

Partnership Public Limited Company Limited Liability Partnership

Other please state:

Trading Address:

Telephone Number

Fax Number

Registered Office:

Telephone Number

Fax Number

Email Address:

Web Site Address:

Principal Business Activity

Primary Contact Name

Please list below the names of senior managers, Directors, Partners or controllers in your business (a controller is a person with a >20% shareholding and/or voting rights in the business):

<u>Title / Forename / Surname</u>	<u>Position Held</u>	<u>Qualifications</u>	<u>No. of years experience</u>

Section 2 – Regulatory Information

Are you fully authorised by the FCA? (Please provide your FCA number below)

Yes No

Please indicate below the scope of permissions you have under the FCA for both Commercial and Personal business:

- Advising customers on non-investment insurance contracts
- Arranging (bringing about) deals in non-investment insurance contracts
- Assisting in the administration and performance of a non-investment insurance contracts
- Dealing in non-investment insurance contracts as agent
- Making arrangements with a view to transactions in non-investment insurance contracts
- Consumer Credit

Are you authorised to hold client money? (If yes, please indicate below whether it is held in a statutory or non-statutory account)

Yes No

Have you undergone any formal regulatory audit? (If yes, please provide details regarding any subsequent or pending enforcement and/or remedial actions that were (are) required below)

Yes No

Has your company ever been regulated by the FCA and had your authorisation revoked? (If yes, please give details below)

Yes No

Section 3 – Additional Company Information

Is the applicant associated with, owned or otherwise controlled by any other company, whether or not connected with the Insurance Industry? (If yes, please give details below)

Yes No

Do you have more than one branch that requires agency facilities (excluding any Appointed Representatives)? Please provide full address and contact details below.

Yes No

What software system do you currently use?

Section 4 – Professional Indemnity

Do you currently hold professional indemnity insurance? (If yes, please attach a copy of your P.I. certificate)

Yes No

PLEASE NOTE THE APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION

Section 5 - Sales Information

Please provide details of the Gross Written Premium (GWP) for the types of general insurance that you currently provide:

What is your total Gross Written Premium?

£

What is the Commercial split?

£

What is the Personal split?

£

Section 6 – Business Continuity Planning

Do you have a business continuity plan in place that meets FCA requirements? (if yes, please provide details below of when this was last tested or when it is due to be tested)

Yes No

Section 7 – Towergate Insurance Products

Please indicate below those products that you wish to access from Towergate Insurance

Please indicate the level of GWP you anticipate providing to Towergate Insurance in your first year of trading with us:

£

Section 8 – Declaration

Has any Director, Partner, Proprietor or Manager personally or by association had:

- Any agency with any insurer refused or cancelled for any reason other than lack of support? Yes No
- Been subject to any disciplinary proceeding by the IBRC or any other professional body? Yes No
- Been subject to any criminal offence (other than motoring) not regarded as spent under Rehabilitation of Offenders Act 1974? Yes No
- Been subject to County court Judgement or Order? Yes No
- Been adjudged bankrupt, subject to receiving order, entered into an agreement with creditor or been involved with any business that has gone into liquidation or is any such matter pending? (If yes, please provide details below) Yes No



Please provide details of two referees below (these can be someone within the industry who deals with your company e.g. Accountant)

<u>Referee 1:</u> Contact Name: Company Name: Address: Telephone Number:	<u>Referee 2:</u> Contact Name: Company Name: Address: Telephone Number:
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- I/We enclose all of the information requested in connection with this application
- I/We confirm that the information provided is true and that all relevant information has been disclosed.
- I/We confirm our acceptance that as part of our application the Firm may carry out credit checks

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>