

Agency Application

Full company name including trading title

Address

Postcode

Website Address

Telephone Number

Facsimile Number

Financial Standing

Share Capital

Distribution of Capital

Company Registration Number
FSA Reference Number

Are you associated with any other firm of Insurance Brokers, intermediaries or Financial Advisers?

YES NO If YES, please provide details

Is the Company associated with, owned or controlled by any other company not connected with the Insurance Industry?

YES NO If YES, please provide details

Has any Director, Partner or Executive ever been declared bankrupt or been compounded by creditors?

YES NO If YES, please provide details

Please state total number of staff in full and part time employment

Please provide the name, address and postcode of your bankers

Please provide the following details in relation to your Insurance Broking Account (IBA)

Sort Code	<input type="text"/>
Account Number	<input type="text"/>

Please provide the name, address and postcode of your accountants

Is the Company or any Partner/Director/Principal a member of any professional insurance, financial services or related professional body?

YES NO If YES, please provide details

Has any such application for membership or membership ever been refused, declined, withdrawn or cancelled or has any sanction, penalty, fine, notice or exclusion been imposed on the Company or any Partners, Director or Principal?

YES NO If YES, please provide details

Has any syndicate, insurance company or Lloyd's broker ever cancelled or refused your agency?

YES NO If YES, please provide details



Please state your estimated premium income for the next twelve months for the following classes of insurance

Commercial Property (ex Package)	£
Liability	£
Commercial Package	£
Professional Indemnity	£
Directors & Officers Liability	£
Commercial Motor	£
Other Commercial	£
Household	£
Private Motor	£
Total Premium Income	£

Please provide any additional information that you consider material to your application

Please provide details of all Directors/Partners/Principals, including non-executive Directors/Silent Partners or shareholders. Continue on a separate sheet if necessary.

Name and Address	Qualifications	Number of years experience	Employer

Report & Accounts

In order to consider your application please also provide a copy of your latest audited report and accounts along with any brochures or promotional material which describe your activities and are relevant to your application.



Credit Terms

If our agency application, I/we confirm that I/we acknowledge that I/we are personally responsible for the payment in full of any premiums or adjustments owed to Glemham Underwriting Limited. I/we agree to remit all monies owed within thirty days of receipt of a Glemham Underwriting Limited Account Statement.

Declaration

I/We warrant that the information given by me/us is true, complete and accurate in all respects I/We undertake to advise Glemham Underwriting Limited of any alterations to the information disclosed in this application within fourteen days of such alteration occurring

I/We authorise Glemham Underwriting Limited to make any enquiries that are deemed as necessary in connection with this application

TWO DIRECTORS OR A DIRECTOR AND THE COMPANY SECRETARY MUST SIGN THIS FORM

Signed	
Date	
Name (printed)	
Position	

Signed	
Date	
Name (printed)	
Position	