



UK AGENCY APPLICATION

PLEASE TICK THE COMPANY OR COMPANIES BELOW THAT YOU ARE APPLYING TO
HAVE AN AGENCY RELATIONSHIP WITH:

Alsford Page & Gems Ltd	<input type="checkbox"/>
Breeze Underwriting Ltd	<input type="checkbox"/>
Carroll & Partners Ltd	<input type="checkbox"/>
Chase Global UK Ltd	<input type="checkbox"/>

Please type into this form or complete in BLOCK CAPITAL letters.

COMPANY DETAILS				
Company Name				
Trading Name (if different from above)				
Address				
Date Company Established				
Company Registration Number				
Total Number of Staff				
Legal Status (please tick)	Private Limited Company	<input type="checkbox"/>	Public Limited Company	<input type="checkbox"/>
	Sole Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>		
<p style="color: red; font-weight: bold;">Please provide a copy of the Company's current Professional Indemnity certificate or policy</p>				

CONTACT DETAILS			
Main Contact			
Contact Name			
Job Title			
Email Address		Telephone Number	
Website			
Compliance Contact			
Name of Compliance Officer			
Email Address		Telephone Number	
Credit Controller Contact			
Name of Credit Controller			
Email Address		Telephone Number	

OWNERSHIP DETAILS			
Full Name	Date of Birth	Country of Address	Percentage Ownership
			%
			%
			%

LEGAL & REGULATORY INFORMATION				
FCA Firm Reference Number				
Is the Company an Appointed Representative (AR)? <i>If Yes, give the name of your Principal below and provide a copy of the AR Agreement in place</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the Company or any of its Directors/ Partners been subject to disciplinary action or legal action? <i>If Yes, give full details below</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has any of the Company's current Directors/ Partners acted as a senior official in a government or political party? <i>If Yes, give full details below</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the Company or any of its Shareholders or Directors/ Partners been on a sanctions list? <i>If Yes, give full details below</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the Company or any of its Shareholders or Directors/ Partners been convicted of a criminal offence (excluding driving offences)? <i>If Yes, give full details below</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the Company affiliated or associated with any other Agent, Intermediary or Insurance Company? <i>If Yes, give full details below</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the Company ever had an agency cancelled or declined or their terms of any agency restricted? <i>If Yes, give full details below</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the Company part of a Broking Network? <i>If Yes, give the name of the network below e.g. Independent / Purple / Broker</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

FINANCIAL INFORMATION				
Has the Company ever been declared bankrupt or been placed into administration? <i>If Yes, give full details below</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide a copy of the Company's latest audited financial accounts/ statements				
Are monies due to insureds and insurers (e.g. premiums, claims) held in separate bank accounts and not co-mingled with other funds? <i>If No, give full details below of what arrangements are in place to protect these monies</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the Company's bank account in the same name and country provided on page 1? <i>If No, give full details below</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide a copy of the Company's full banking details on company headed paper signed by an authorised signatory of your Company				

DOCUMENTATION				
Professional Indemnity Certificate or Policy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Audited Financial Accounts/ Statements	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bank Details on Company Headed Paper (signed by an authorised signatory)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Appointed Representative Agreement (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DECLARATION			
<p>We hereby confirm that:-</p> <p>a) To the best of my/our knowledge the information and documentation provided is true and correct and nothing has been withheld or misstated which would influence this application.</p> <p>b) Any material changes to the information and documentation provided will be promptly advised to the PSC Insurance Group company.</p> <p>c) The PSC Insurance Group company are consented to hold the information about our Company for the purpose of approving us as an Agency.</p>			
Authorised Signatory Name			
Job Title			
Signature		Date	
<p>PLEASE SEND COMPLETED AND SIGNED FORM WITH ALL REQUESTED DOCUMENTATION TO: compliance@pscinsurance.co.uk</p>			