

Tradewise

Insurance Services Ltd



Agency Application Form

Name:		
Trading Title:		
Address:		
Postcode:	Telephone No:	Fax No:
Date Business Established:	E-mail Address:	
Financial Year End:	Web Site Address:	
Type of Premises Occupied:		
Are you associated with any other firm of Insurance Brokers or Intermediaries?		YES/NO
If YES please give Name(s) and Address(es):		
Please give FULL name(s) and provide details of all Director(s)/Partner(s)/Principal(s):		
Name(s)	DOB	Qualifications if any
1.		
2.		
3.		
4.		
Address(es) including full postal code		
1.		
2.		
3.		
4.		
Where insurance experience obtained and number of years		
1.		
2.		
3.		
4.		
Total number of staff employed (identify both full and part time)		FULL _____ PART TIME _____
Is the Company authorised by the FSA?	YES/NO	If NO we will be unable to proceed with your application
If YES, what is your Firm Reference No:		
PLEASE NOTE WE ARE UNABLE TO DEAL WITH ANY AGENTS WHO ARE NOT AUTHORISED BY THE FINANCIAL SERVICES AUTHORITY.		
Do you outsource your claims?		YES/NO
If so, to whom?		
Who are your current uninsured loss providers?		
Do you accept any Sub-Agency business?		YES/NO
If YES, please provide full details:		
For the last complete financial year, please provide a split in your income between the following classes:-		
	Premium Income	
Total	£	
Private Car	£	
Motor Trade	£	
Self Drive Hire	£	
Commercial Motor/Fleet	£	
Household	£	
Commercial Non Motor	£	
Others	£	

How computerised is your office? (i.e. quotes only/full office administration/E.D.I.)		
Are you registered under the Consumer Credit Act 1974?		YES/NO
Name and Address of your Bankers:		
Name and Address of your Accountants:		
Has any Director, Partner or Executive ever been declared bankrupt or made an arrangement with his/her creditors?		YES/NO
If YES, Please give details:		
Has any Director, Partner or Executive or other member of your staff ever been convicted of or charged with (but not yet tried for) a criminal offence other than a motoring offence?		YES/NO
If YES, Please give details:		
Please list other branches, including postcodes and telephone/fax numbers:-		
(1) Address	Tel:	Fax:
(2) Address	Tel:	Fax:
(3) Address	Tel:	Fax:

PERSONAL DATA

We may search the files of credit reference agencies in connection with your application. They may keep a record of the search. We may also carry out identity and anti-fraud checks. Further checks and searches may be carried out from time to time for the purposes of fraud prevention and credit control.

We may give credit reference agencies details of any non payment by you in the event that we make demand of you but receive no satisfactory proposals for business payment. We may also give those agencies information about you and the conduct of your business on a regular basis. This information will be used by us to make business decisions in connection with our dealings with you and may be used by lenders and others in making lending decisions about you and members of your household for occasional fraud prevention or tracing debtors.

Information about you and the conduct of your business may be put onto our database and used by us in making decisions concerning you and servicing your relationships with us. To help improve our service and in the interest of security we may monitor and/or record your telephone calls with us.

SIGNATURE OF DIRECTOR/PARTNER/PRINCIPAL: _____

DATE: _____

PLEASE BE ADVISED THAT WE WILL BE UNABLE TO DEAL WITH ANY AGENTS WHO ARE NOT AUTHORISED BY THE FSA

Tradewise Insurance Services Ltd

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www.tradewiseinsurance.com