



Tradewise Insurance Services Limited – Agency Application Form

See Instructions below for completing: - **IN ALL INSTANCES YOU MUST SIGN AND DATE.**

New Agency single location - **Complete All Parts**

New Agency with more than 1 location – **Complete All Parts For Main Location + Parts 3, 5 and 7 For Additional Locations (Please use a separate form for the additional locations)**

Merger and Acquisitions – **Complete All Parts**

Additional Trading Location to existing agency – **Complete Parts 1, 3, 5 and 7**

Change in Contact information – **Complete Parts 1 and 7**

Part 1 – General Business Information:

Regulated Name:	
Trading As Title:	
Trading Address:	
	Post Code:
Date Business Established:	Type of Premises Occupied:
Business Telephone Number:	Business Fax Number:
Business Website Addresses:	Business Email Address:
Company Registration Number:	
Do you trade from any other location ? - Yes / No (if Yes, provide details):	
Are you a subsidiary or part of another organisation ? - Yes / No (if Yes, provide full details in part 8):	

Part 2 – Directors, Partners and Principles - Continue in Part 8 if necessary:

Name	DOB	Qualifications / FCA Approved Person Reference	Email Address / Direct Contact Number	Insurance Experience (Years)
1.				
2.				
3.				
4.				
5.				

Director, Partner and Principles Home Addresses (including Post Code):
1.
2.
3.
4.
5.

Has any Director, Partner or Principle:

1. Ever been declared bankrupt or been involved in a business that has become insolvent ? – Yes / No
2. Ever been served with a County Court Judgement or entered into an Individual Voluntary Arrangement ? - Yes / No



3. Ever been convicted of or charged with (but not yet tried for) a criminal offence, other than a motoring offence ? – Yes / No
4. Ever been subject to any action (such as enforcement action, supervision or a warning) by any Regulator ? – Yes / No
5. Currently undergoing any investigation or subject to an enquiry by any Regulator ? – Yes / No

If you have answered Yes to Questions 1, 2, 3, 4 or 5 please provide full details in Part 8.

Part 3 – Additional Business Information:

Staff / Employee Information:

Sales	Number of Full Time Employees	Number of Part Time Employees	Number of Supervisors / Managers
General Admin (Including Claims)	Number of Full Time Employees	Number of Part Time Employees	Number of Supervisors / Managers
Compliance	Number of Full Time Employees	Number of Part Time Employees	Number of Supervisors / Managers
Information Technology	Number of Full Time Employees	Number of Part Time Employees	Number of Supervisors / Managers

Class of Business Information (Please provide details based on the last complete financial year):

Private Car	Approximate Unit Count	Premium Income
Motor Trade Road Risk	Approximate Unit Count	Premium Income
Commercial Motor (Including Fleet and Self Drive Hire)	Approximate Unit Count	Premium Income
Liability	Approximate Unit Count	Premium Income
Household	Approximate Unit Count	Premium Income
Other (Please provide details and continue in part 8)	Approximate Unit Count	Premium Income



Level of business to Tradewise over the next 12 months (Projected) : £ _____

Number of policies to Tradewise over the next 12 months (Projected) : _____

Part 4 – Policies, Procedures and Systems:

Internal Policies and Procedures:

Data Protection including Breach Notification and IT Security	Do you have a written policy or procedure ?	Date of last review
Complaints Handling	Do you have a written policy or procedure ?	Date of last review
Staff Training and Competence	Do you have a written policy or procedure ?	Date of last review
Treating Customers Fairly	Do you have a written policy or procedure ?	Date of last review
Personnel / Human Resources	Do you have a written policy or procedure ?	Date of last review

- 1. Is the business aware of any change in activity / structure that will occur in the coming financial year ? - Yes / No
- 2. Has the business ever had any Professional Indemnity Insurance declined, cancelled, renewal refused or any special terms imposed ? - Yes / No
- 3. Has a claim ever been made, or an attempt to claim against the Professional Indemnity Insurance of the business ? - Yes / No
- 4. Is the business aware of any circumstance or incident which has or could result in a claim being made against the Professional Indemnity Insurance of the business ? - Yes / No

If you have answered Yes to Questions 1, 2, 3 or 4 please provide full details in Part 8

- 5. Does the business undertake a review of working procedures ? - Yes / No If yes, how often ? _____
- 6. Does the business always obtain satisfactory written references when engaging staff ? - Yes / No
- 7 Does the business carry out criminal record checks when engaging staff ? - Yes / No

If you have answered No to Questions 5, 6 or 7 please provide full details in Part 8.

Please provide details of your software House / Provider: _____

Do you outsource any claims handling ?: Yes / No If yes, to whom ? : _____

Who are your current Uninsured Loss Providers ? : _____

Do you outsource any compliance functions ?: Yes / No If yes, to whom ? : _____



Part 5 – Regulatory Information:

Financial Conduct Authority Firm Reference Number: _____

Date of Authorisation: _____

Current FCA Permissions (E.G Client Money, Credit Broking)

- 1.
- 2.
- 3.
- 4.
- 5.

Are you an Appointed Representative (AR)? – Yes / No - **Please note Sub-Broking is not available**

If Yes, Please provide details of your AR Principle below:

Firm Name: _____

ARP Financial Conduct Authority Firm Reference Number: _____

Your ICO Data Controller Registration Number: _____

Your ICO Data Controller Registration Expiry Date: _____

Are you a member of any organisation ? (BIBA, Broker Network etc) ? - Yes / No If Yes, give details _____

Has the business previously been subject to any action (such as enforcement action, supervision or a warning) by any Regulator ? – Yes / No If you have answered Yes please provide full details in Part 8.

Is the business currently undergoing any investigation or enquiry by any Regulator ? – Yes / No If you have answered Yes please provide full details in Part 8.

Professional Indemnity Insurance Expiry Date: _____

Level of Indemnity: _____

Basis of Indemnity: _____ (Single claim limit or aggregated)

Part 6 – Accounting:

Name and address of your Bankers:

	Post Code: _____

Name and address of your Auditors:

	Post Code: _____

Accounts address, if different from trading address::

	Post Code: _____

Email Address: _____



Part 7 – Contact Details:

Please provide contact information in respect of the staff / personnel responsible for the following areas of the business:

Role	Name	Contact Details
Money Laundering (Reporting Officer)		Direct Telephone Number:
		Email Address:
Data Protection (Officer)		Direct Telephone Number:
		Email Address:
Complaints		Direct Telephone Number:
		Email Address:
Policy Sales		Direct Telephone Number:
		Email Address:
Policy Administration		Direct Telephone Number:
		Email Address:
Claims		Direct Telephone Number:
		Email Address:
Compliance		Direct Telephone Number:
		Email Address:
Credit Control / Accounts		Direct Telephone Number:
		Email Address:
Contact for Underwriting and Operational Updates *		Direct Telephone Number:
		Email Address:

IMPORTANT NOTICE: Please remember to update us, should the above details change.

* This is not marketing, this relates to changes to our products, systems and literature.

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Part 8 – Additional Information:

Please provide any additional information.



PERSONAL AND BUSINESS DATA – YOUR RIGHTS

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 purpose of fraud prevention and credit control.

We may give reference agencies details of any non-payment by you in the event we make a demand of you but receive no satisfactory proposals for payment. We may also give those agencies information about the financial conduct of your business on a regular basis. This information will be used by us and 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.

In the interests of customer service and to help us maintain high standards, we record and monitor all telephone calls.

Anyone who we process Personal Data (or Special Category Data) about has certain rights entitling them to:

- The right to be informed.
- The right to access.
- The right to rectification.
- The right to restrict processing.
- The right to object
- Rights relating to automated decision making including profiling.

By completing and signing this form you have provided your consent and the consent of any other Data Subject mentioned in this form for the purposes of processing personal data and (where applicable) Special Category Data.

For full details of your rights, how we use your data and who we share data with, please contact us for a copy of our Privacy Policy.

COMPLETED APPLICATIONS

Please return your completed application to: Tradewise Insurance Services Limited, 300 Southbury Road, Enfield, Middlesex, EN1 1TS.

You may email your completed application and any supporting documents to: compliance@tradewise.co.uk

If you wish to discuss your application please call: 0208 350 4020 and ask for the compliance department.

We may ask you to provide additional information or items in order to consider your agency application.

SIGNATURE OF DIRECTOR / PARTNER / PRINCIPLE: _____

NAME OF DIRECTOR / PARTNER / PRINCIPLE: _____

DATE: _____

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