



1. Company and Contact Details

Trading or Business name:

Legal name (if different from above):

Business address:

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Postcode:

Telephone number: Fax number:

Website address:

Contact name:

Contact email address:

Please list full address and contact details for any other offices on a separate sheet

Legal form of business:

Sole Trader

Partnership

Limited Company

Company registration No.

Please list details for all Directors, Principals / Partners and Senior Managers:

Full name & qualifications	Position	Prior experience if in position less than 5 years
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1a. Have any persons listed above, or has any company in which they have held a management position, been involved in liquidation, receivership, bankruptcy, dissolved, high court writ, voluntary wind up orders, been struck off or is any similar procedure pending? Yes No

1b. Have any persons listed above been convicted of any criminal offences, other than motoring offences? Yes No

1c. Have any persons listed above had the provision of a bond or fidelity guarantee in the past declined, terminated or restricted? Yes No

1d. Have any persons listed above had an insurance agency or insurance agency application declined, terminated or restricted? Yes No

1e. Do any of the persons listed above have an agreement, express or implied, with any other entity which prevents or restricts them from holding an insurance agency, whether generally or with This Insurance? Yes No

1f. Have any persons listed ever held an agency or transacted business with This Insurance? Yes No

If you have answered 'Yes' to any point above please give details on a separate sheet



Total commercial gross written premium £

How is this split between the following products approximately:

Tradesman Liability	<input type="text"/> %	Retailers	<input type="text"/> %	Manufacturers	<input type="text"/> %
Excess Layer	<input type="text"/> %	Motor	<input type="text"/> %	Construction Liability	<input type="text"/> %
Office	<input type="text"/> %	Property Owners	<input type="text"/> %	Contract works	<input type="text"/> %

Do you specialise in any class of business / trade sector? Yes No

If Yes, please provide details

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Do you offer any sub-broking facilities? Yes No

If Yes, please provide details

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Is the company a member of any broker networks? Yes No

If Yes, please provide details

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2. Regulatory information

Authorisation

FSA firm reference number:

Do you hold any Client Money? Yes No

Please supply details of banking arrangements for holding premiums

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Please confirm the Limit of Indemnity under your Professional Indemnity Insurance: £

Do you hold Fidelity Guarantee Insurance? Yes No

In both cases please supply a copy of your current schedule / certificate of insurance.

3. Finance & bank account details

Account / Billing address (if different from Business Address):

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Postcode:

Accounts department contact name:

Accounts department email address:

Registered address (if different from Business Address):

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Postcode:

Please provide the name and address of Bankers for your Premium Account:

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Are you able to make payments and receive return premiums by BACS? Yes No

If yes, please confirm details below:

Account Title:

Sort Code: Account No. :

Please note that for BACS payments we will need a separate e-mail or fax each time confirming the payment sent and which cases are covered as the Banks do not generally provide this information

4. References

Please provide details of two insurers who we could approach for references if required

Insurer	Branch	Contact Name	Telephone number
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5. Declaration

We apply to This Insurance to place Insurance Business in accordance with the Terms of Business Agreement attached hereto. We acknowledge that those terms govern how Insurance Business will be handled by us in our dealings with This Insurance.

We declare that the information given in this application is accurate and complete and we agree that this application is the basis for the working relationship between ourselves and This Insurance. We understand that in the event that any of the information contained in this application form is not complete or accurate, our Terms of Business Agreement may be terminated by This Insurance at its sole discretion.

By signing this application we hereby consent to This Insurance conducting a credit check on the Applicant and/or any of the persons named in section 1. We also undertake to advise This Insurance immediately in writing of any of the following events or changes to information previously given to This Insurance.

Signed: Title (authorised signatory):

Company:

Date: DD MM YYYY

Please complete this form in full, enclose the following documents and return to:

This Insurance, Premier House, College Road, Ripon, North Yorkshire, HG4 2BP

- Copy of most recent audited annual accounts
- Signed TOBA (we will sign and return this to you once your application has been approved)
- Copy of Professional Indemnity Insurance and Fidelity Guarantee Schedules