

## AGENCY APPLICATION FORM

This application form is intended for all agents that are directly authorised by the FCA. Please fill in all sections of the form, clearly identifying the scope of activity you are/will be authorised to undertake.

Once completed, please return the forms either:-

1. By post to Agency Department, Origin UW Limited, First Floor, 20 Mount Ephraim Road, Tunbridge Wells, Kent TN1 1ED
2. By email to [info@originuw.com](mailto:info@originuw.com)

**Please take time to complete the application form fully and legibly**

### Contact and Company Details

Company Name; .....	
Company registration number: .....	Date established: .....
Type of organisation: If other please specify	Private Ltd / Public Ltd / Partnership / Sole trader. .....
Trading address: ..... ..... ..... .....	Registered Office: Same as Trading Address:                      Yes / No If no, address: ..... ..... .....
Tel no:                      .....	.....
Fax no:                      .....	.....
Other trading names used:	..... .....
Web site address:	.....

Main contact: .....	Job Title: .....
Email Address of Principal contact .....	
Is the firm a member of a broker network <span style="float: right;">Yes / No</span>	
If "Yes" please state which one: .....	

**Partners/Principals & Directors**

Names of all Partners/Principals or Directors	Private Addresses of all Partners/Principals or Directors	FCA approved number:	FCA approved functions:	No. of years active employment in the insurance industry:

Names of all other FCA approved persons	Private Addresses of all other FCA approved persons	FCA approved number:	FCA approved functions:	No. of years active employment in the insurance industry:

**FCA Status**

FCA Authorisation Number: Or Exempt Yes/ No	.....
Appointed representative /Introducer appointed representative number:	.....
Principal Company Name:	.....
Principal FCA authorisation number:	.....

### Additional Company Information

How many staff are involved in general insurance activities?	.....
Do you outsource any insurance mediation activities to third parties?	Yes / No
Are you registered under the Data Protection Act?  If yes please give your registration no.	Yes/ No  .....
Is your accounting office address the same as your trading address shown earlier?  If no please provide the address.	Yes / No  ..... ..... ..... .....

### Sub-Broking

Does the company operate sub-broking facilities?  (If Yes, please provide details of sub-brokers separately)	Yes/No
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### Professional Indemnity Insurance

Do you currently hold professional indemnity insurance that meets FCA requirements:				Yes/No
If "Yes" please provide the following information: (This must be in respect of Professional Indemnity Insurance currently held and it must include activities to which this agency agreement application relates and be maintained in full force and effect)				
Name of Insurer	Policy Number	Expiry Date	Limit(s) of Indemnity (indicate any one claim or aggregate)	

**Consumer Credit Licence** (This is required if instalment business is transacted)

Consumer Credit Licence Number:	.....	Expiry Date:	.....
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**Sales Information**

Please advise if the firm specialises in any particular trades, schemes or affinity groups and if so, which ones:

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Has any company or society refused the firm facilities either by declining the application or terminating an existing agency? <span style="float: right;">Yes/No</span>
If yes, please give details <span style="float: right;">.....</span>
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Has the Directors, Partners or Senior Staff ever been convicted if a criminal act (other than a driving offence) not treated as spent convictions under the Rehabilitation of Offenders Act 1974? <span style="float: right;">Yes/No</span>
If Yes, please give details <span style="float: right;">.....</span>
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Does the firm undertake to inform the Company in the event that any of the principals are convicted of a criminal act (as above) during the lifetime of the agency? <span style="float: right;">Yes/No</span>
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Has the firm ever been declared bankrupt or, being a Limited Liability Company, ever gone into receivership or been subject to an administration order? <span style="float: right;">Yes/No</span>
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Has the firm, Director or Partners ever traded under another title or titles?

Yes/No

If yes, please give details

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Has any Director or Partner ever been declared bankrupt or made a voluntary Arrangement with his creditors or been a Director of a Company which has ever gone into receivership or been subject to an administration order?

Yes/No

If yes, please give details

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Has any Director or Partner ever been a Director or Partner of a company which has been refused FCA authorisation or had its authorisation withdrawn?

Yes/No

If yes, please give details

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Has the firm or any Director or Partner

a) been censured, disciplined or publicly criticised by any professional or government body to which it belongs or had belonged?

Yes/No

b) been dismissed from any office of employment or any representative position (not including redundancy)

Yes/No

c) currently any involvement in civil litigation in any capacity or is he expecting to be so involved?

Yes/No

d) knowledge of any allegations of negligence against him during the last 10 years?

Yes/No

e) had any order made against him under the Disqualification of Directors Act 1986?

Yes/No

f) had any High Court or County Court Judgments made against him? If so do they remain unsatisfied?

Yes/No

g) any loans or commission debts outstanding to any insurance company?

Yes/No

If the answer to any of the above is yes, please provide full details either below or separately

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**Banking**

Name and address of Bankers:

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Does the firm hold all insurer money in a trust account?

Yes/No

Please provide evidence of the trust status of the account e.g. a letter from your bank or a copy of a cheque

Bank account number: .....

Sort Code: .....

## Accountant

Name and address of Accountant:

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Name and address of Auditors (If different)

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## Financials

Please attach your latest audited Report and Accounts which will be treated in strict confidence (appointment is dependent upon the financial stability of the firm)

If a new venture, please provide a copy of your full business plan including your financial projections

What was the capital employed to commence business? .....

How was the capital raised? .....

Has any loan been secured by guarantees to a third party by the Partners/Directors? Yes/No

Is your business property freehold? Yes/No

## Disclosure

Your firm must provide details of any significant events that have occurred in the past that may be relevant to the assessment of its application. If you are uncertain as to whether an event needs to be disclosed, you should disclose it.

## Declaration

The firm named in the section Contact Details above applies for an Agency with Origin UW Limited on the basis of the information set out in the application form and any other information supplied to Origin UW Limited while this application is being considered.

The completion and submission of this application is not binding upon either party. Appointment is conditional upon your having read and signed the Terms of Business Agreement which will be made available to you prior to appointment and upon acceptance of the Company of your suitability to represent the Company's interests.

All information supplied will be used by the Company to assess your application, maintain records and (if successful) administer your agency. We may share information with other insurers and as set out in the Terms of Business Agreement. More details of how information will be used can be obtained from the Company.

Appointment shall not be effective until a signed copy of the Terms of Business Agreement has been received by the Company.

I/We confirm that the information in this application is accurate and complete to the best of my/our knowledge and belief.

**Name of person signing on behalf of the firm must be a Partner/Director/Principal**

Title	Mr / Mrs / Miss / Ms Other: .....
Surname:	.....
Forename(s):	.....
Position within Company:	.....
Signature:	.....
Date:	.....