

## Application Form

To become one of the below agents of Advisory Insurance Brokers Limited (the Company), please tick applicable option:

**Fully Authorised Agent (FAA)**

Companies directly authorised by the FCA who are planning to be sub-agents of Advisory Insurance Brokers Limited.

**PLEASE COMPLETE SECTIONS 1, 2 AND ALL SECTIONS FROM 4 THROUGH TO 8**

**Exempt Professional Firm (EPF)**

Companies that are exempt from the FCA and regulated by a designated professional body who are planning to be agents of Advisory Insurance Brokers Limited.

**PLEASE COMPLETE SECTIONS 1, 3 AND ALL SECTIONS FROM 4 THROUGH TO 8**

**Please fill in all applicable sections of the application and once completed, please return the form to your contact at Advisory Insurance Brokers Limited.**

| SECTION 1 - COMPANY INFORMATION                                 |  |  |
|---|--|--|
| <b>Company Name</b>   | <b>Trading Title</b>                             |  |
|   |  |  |
| <b>Company Registration Number (if applicable)</b>              | <b>Date Established</b>                          |  |
|   |  |  |
| <b>Organisation Type / Legal Status (Please tick one below)</b> |  |  |
| <input type="checkbox"/> Sole Trader                            | <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Unincorporated Association    |
| <input type="checkbox"/> Partnership                            | <input type="checkbox"/> Public Limited Company  | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Other (Please specify)                 |  |  |
| <b>Trading Address</b>  |  | <b>Telephone Number</b>                                |
|   |  | <b>Fax Number</b>                                      |
| <b>Registered Address</b>                                       |  | <b>Telephone Number</b>                                |
|   |  | <b>Fax Number</b>                                      |

## SECTION 1 - COMPANY INFORMATION CONTINUED

|  |                      |                             |                                |
|--|----------------------|-----------------------------|--------------------------------|
| <b>Email Address</b>   |                      | <b>Website Address</b>      |                                |
|  |                      |                             |                                |
| <b>Principal Business Activity</b>   |                      | <b>Primary Contact Name</b> |                                |
|  |                      |                             |                                |
| Please list below the names of senior managers, Directors, Partners or controllers in your business (a controller is a person with a >20% shareholding and/or voting rights in the business) |                      |                             |                                |
| <b>Title / Forename / Surname</b>  | <b>Position Held</b> | <b>Qualifications</b>       | <b>No. of Years Experience</b> |
|  |                      |                             |                                |

## SECTION 2 - REGULATORY INFORMATION (IF YOU ARE APPLYING TO BE AN FAA)

|   |   |
|---|---|
| <b>FCA Number</b>   |   |
| <b>Please confirm the permissions you have under the FCA for commercial and personal business</b>   |   |
| <input type="checkbox"/> Advising customers on non-investment insurance contracts   | <input type="checkbox"/> Arranging (bringing about) deals in non-investment insurance contracts |
| <input type="checkbox"/> Assisting in the administration and performance of a non-investment insurance contracts  | <input type="checkbox"/> Dealing in non-investment insurance contracts as an agent              |
| <input type="checkbox"/> Making arrangements with a view to transactions in non-investment insurance contracts  | <input type="checkbox"/> Consumer Credit  |
| <b>Are you authorised to hold client money?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><b>If yes, please provide the below:</b><br><input type="checkbox"/> A copy of copy of your trust account letter and trust deed if operating a “non-statutory” trust account or<br><input type="checkbox"/> A bank letter if operating a “statutory” trust account.<br><b>If no, are you a member of a network that holds client money permissions on your behalf?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><b>If yes, please provide the name of the network and supply evidence of your membership and a copy of the trust letter:</b><br><br> |   |
| <b>Have you undergone any formal regulatory audit within the last 5 years?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><b>If yes, please provide details regarding any subsequent or pending enforcement and/or remedial actions that were (are) required below</b><br><br>   |   |
| <b>Has your company ever been regulated by the FCA and had your authorisation revoked?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><b>If yes, please give details below</b><br><br>   |   |

## SECTION 3 - REGULATORY INFORMATION (IF YOU ARE APPLYING TO BE AN EPF)

Are you a member of a designated professional body (as defined by FCA) for example “The Royal Institution of chartered Surveyors” (RICS) and are noted on the FCA register as being exempt?

- Yes  
 No

If so, please indicate which body and provide your FCA firm reference number below

Have you signed up to the Client Money Protection Scheme through your designated professional body?

- Yes  
 No

If yes, please provide the below:

- Evidence of participation in the scheme  
 A copy of your trust account letter and trust deed if operating a “non-statutory” trust account or  
 A bank letter if operating a “statutory” trust account.

If no, are you a member of a network that holds client money permissions on your behalf?

- Yes  
 No

If yes, please provide the name of the network and supply evidence of your membership and a copy of the trust letter:

Have you undergone a formal regulatory audit within the last 5 years?

- Yes  
 No

If yes, please provide details regarding any subsequent or pending enforcement and/or remedial actions that were (are) required below

Has your company ever been regulated by the FCA and had your authorisation revoked?

- Yes  
 No

If yes, please give details below

## SECTION 4 - ADDITIONAL COMPANY INFORMATION

Is your company associated with, owned or otherwise controlled by any other company, whether or not connected with the Insurance Industry?

- Yes  
 No

If yes, please give details below

Are you registered under the Consumer Credit Act?

- Yes  
 No

If yes, please give details below including license number

Are you registered with the Information Commissioner's Office to control Personal Data?

- Yes  
 No

If yes, please provide your ICO Reference Number below

If no, please explain why you are not registered below

Do you transfer or hold Personal Data outside of the EEA?

- Yes  
 No

## SECTION 5 - PROFESSIONAL INDEMNITY

Do you currently hold professional indemnity insurance that also extends to include general insurance activities? (If yes, please attach a copy of your P.I. certificate which includes the excess per claim and expiry date)

- Yes  
 No

## SECTION 6 - SALES INFORMATION

Please provide your expected total, annual Gross Written Premium (GWP)

Please indicate the potential long-term level of annual GWP you anticipate providing to AIBL

## SECTION 7 - BUSINESS CONTINUITY PLANNING

Do you have a business continuity plan in place that meets your regulator's requirements?

- Yes  
 No

If yes, please provide details below of when this was last tested or when it is due to be tested

## SECTION 8 - DECLARATION

**Has any Director, Partner, Proprietor or Manager personally or by association:**

**Had any agency with any insurer refused or cancelled for any reason other than lack of support?**

- Yes  
 No

**Been subject to any disciplinary proceeding by the IBRC or any other professional body?**

- Yes  
 No

**Been subject to any criminal offence (other than motoring) not regarded as spent under Rehabilitation of Offenders Act 1974?**

- Yes  
 No

**Been subject to County court Judgement or Order?**

- Yes  
 No

**Been adjudged bankrupt, subject to receiving order, entered into an agreement with creditor or been involved with any business that has gone into liquidation or is any such matter pending?**

- Yes  
 No

**If yes, please provide details below**

- I/We hereby make an application to become an agent of Advisory Insurance Brokers Limited and confirm that the information provided is true and that all relevant information has been disclosed.
- I/We enclose a copy of our most current P.I. certificate which includes the excess per claim and expiry date.
- I/We attach a copy of our latest audited accounts.
- (If authorised by the FCA) I/We attach a copy of our latest RegData or, as I am/we are a new start-up, a copy of the financial information sent to the FCA as part of their application.
- In connection with this application, the Company may carry out a search with a licensed Credit Reference Agency and may also ask them to check all or any of the application details I/We have submitted. I/We hereby expressly consent to such search or check. Should this application be successful, I/We agree to adhere to and be bound by the Company's terms and conditions.
- I/We provide a copy of a trust account letter and trust deed if operating a "non-statutory" trust account or a bank letter if operating a "statutory" trust account.
- (If applicable) I/We can confirm I/we can hold and control client money and attach evidence confirming participation in the scheme.
- (If applicable) I/We can confirm we are a member of a network who holds client money permissions on our behalf and attach evidence of our membership and a trust letter

**Please note that your application cannot be progressed without the above being confirmed**

|                 |  |                  |  |
|-----------------|--|------------------|--|
| <b>Name</b>     |  | <b>Signature</b> |  |
| <b>Position</b> |  | <b>Date</b>      |  |