

# Agency Application Form

Please complete this application in **CLEAR BLOCK CAPITALS**. If necessary, please continue on a separate sheet.

## The Applicant

**Trading name:** (if not a limited company, please state whether a partnership, sole trader or other)

**Name and title of person responsible for agency:**

**Head/Registered office address inc postcode:**

**Contact information:**

|         |                      |                        |                      |
|---------|----------------------|------------------------|----------------------|
| Office  | <input type="text"/> | Direct (if applicable) | <input type="text"/> |
| Fax     | <input type="text"/> | E-mail                 | <input type="text"/> |
| Website | <input type="text"/> | Co. Reg. No            | <input type="text"/> |

**Please describe these premises:** (e.g. first floor office, ground floor shop, private house)

**Name and title of person responsible for Accounts:**

**Accounts correspondence address inc postcode:** (if different from above)

**Accounts contact information:**

|        |                      |                        |                      |
|--------|----------------------|------------------------|----------------------|
| Office | <input type="text"/> | Direct (if applicable) | <input type="text"/> |
| Fax    | <input type="text"/> | E-mail                 | <input type="text"/> |

### The Firm

Number of branches  If more than one branch, please complete the box below using additional sheets if necessary:

| Branch No | Address including Postcode | Main Contact | Tel |
|-----------|----------------------------|--------------|-----|
| 1         |                            |              |     |
| 2         |                            |              |     |
| 3         |                            |              |     |
| 4         |                            |              |     |
| 5         |                            |              |     |

Please state the firm's FSA Firm Reference Number:

Is the firm a member of the following bodies:      **BIBA:** Yes  No       **IIB:** Yes  No

Please give details of your Professional Indemnity insurance:

Limit of indemnity £  Insurer  Expiry date  Excess £

### Associated Businesses

Is your business associated with or controlled by:

any other insurance industry business?      Yes  No

any business not connected with the insurance industry?      Yes  No

Have you ever traded under a different name?      Yes  No

If Yes to any of the above, please give full details and other material information:

### Directors & Principals

| Name | Age | No. years experience | Where experience obtained. Qualifications, membership registrations and affiliations, if any: |
|------|-----|----------------------|---|
|      |     |                      |   |
|      |     |                      |   |
|      |     |                      |   |
|      |     |                      |   |
|      |     |                      |   |

**Has the business or any of the persons named above**

**If yes to any of the below, please give full details**

had an insurance agency or membership of a trade association or statutory body refused, suspended cancelled or withdrawn  
 Yes  No

had a county court judgement against them, received a police caution, been convicted of or charged with but not yet tried for any offence other than driving?  
 Yes  No

or any business in which they have been involved become bankrupt, insolvent, appointed receivers, called a meeting of creditors or entered into compulsory or voluntary liquidation?  
 Yes  No

### Financial Information

**Please provide the following names and addresses:**

Your bank

Your accountants

**What is your estimated premium income for the next twelve months?**



**What proportion of your premium income relates to the following classes?**

|  |                      |
|--|----------------------|
| Household %                              | <input type="text"/> |
| Private motor %                          | <input type="text"/> |
| Commercial including fleet %             | <input type="text"/> |
| Other %                                  | <input type="text"/> |
| <b>How many agencies do you operate?</b> | <input type="text"/> |

**Please list the major agencies, indicating whether you have 'Club' status with any of them:**

| Name                 | Club status?         |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

**Do you operate any niche schemes?** Yes  No

If Yes, please indicate what they are:

**Where did you hear about Plum Underwriting?**

**Expected number of quote requests to be referred/submitted to Plum Underwriting over next year?**

**Expected GPI of applicable business to be referred to Plum Underwriting over next year?**



### Information required for online quotation facility set-up - "The Broker Centre"

Please provide the following information for each user you require to be given access to Plum Underwriting's online quotation facility. NB: Supervisor status allows the user to view all of his/her colleague's quotations as well as his/her own.

| Full forename and surname | Email address | Branch No (as above) | Supervisor (Y/N) |
|---------------------------|---------------|----------------------|------------------|
|                           |               |                      |                  |
|                           |               |                      |                  |
|                           |               |                      |                  |
|                           |               |                      |                  |
|                           |               |                      |                  |
|                           |               |                      |                  |
|                           |               |                      |                  |
|                           |               |                      |                  |
|                           |               |                      |                  |
|                           |               |                      |                  |

One "global" login password will be issued for all users of the online quotation system for this agency. Please provide a 6 character password:

### Additional information



**Declaration**

I/we declare that all the information given in this application form is, to the best of my/our knowledge, true and complete.  
I/we agree that the completed form and any additional information I/we provide will be the basis of the agreement between me/us and Plum Underwriting should it be granted.

| <b>Signature(s)</b> | <b>Full name</b> | <b>Position held</b> | <b>Date</b> |
|---------------------|------------------|----------------------|-------------|
|                     |                  |                      |             |
|                     |                  |                      |             |
|                     |                  |                      |             |
|                     |                  |                      |             |
|                     |                  |                      |             |

**Please return this form to:**  
Plum Underwriting  
PO Box 503, Haywards Heath, RH17 6YZ  
Telephone: 0845 293 7522 Facsimile: 0845 293 7524  
FSA Firm Reference Number: 309166

**You can also email a copy of your application to the following address:**  
[contactus@plum-underwriting.com](mailto:contactus@plum-underwriting.com)