



Agency Application Short Form

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

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"/>

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"/>

Please state the firm's FSA Firm Reference Number:

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?

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			

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 at least a 6 character password:

Where did you hear about Plum Underwriting?

Oak

HSBC Labyrinth

HSBC

Any 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.

Signature(s)	Full name	Position held	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

You can email a scanned copy of your application to the following address:
contactus@plum-underwriting.com

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