



Agency Application Form

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

Direct (if applicable)

Fax

E-mail

Website

Co. Reg. No

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

Direct (if applicable)

Fax

E-mail

The Firm

Number of branches If more than one branch, please complete the fields below 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:
<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"/>	<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"/>

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had an insurance agency or membership of a trade association or statutory body refused, suspended cancelled or withdrawn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"/>
How many agencies do you operate?	<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"

Username

Your username will be confirmed to you by email once your agency has been approved. The username can be shared by all members of staff. If you have more than one branch, we will issue one username per branch.

Password

Please provide at least a 6 character password:

Where did you hear about Plum Underwriting?

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 Ltd should it be granted.

I confirm that I am authorised to complete and submit this Agency Application form on behalf of my company.

Full name

Position held

Date

SUBMIT