

Agency Application



1. Company & contact details

Trading name(s) or Business name		
Legal name (if different from above)		
Business address		Postcode
Legal name (if different from above)		
Tel Number:	Fax No:	Website address
Contact name	Contact e-mail address	
Account/Billing address (if different from business address)		Postcode
Accounts Department Contact name	Accounts e-mail address	
Registered Address (if applicable and different from business address)		Postcode
Firm Status (eg: Sole Trader/Partnership/Ltd Company)	If Ltd Company Reg No:	

Please list full address and contact details for any other offices on a separate sheet and attach with application

Note: If separate agencies are required for each office, please complete separate applications

2. Regulatory Information

Yes

No (Please Tick)

FSA Firm Reference No:	Are you authorised to hold client money?	<input type="checkbox"/>	<input type="checkbox"/>
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If no, supply full details of banking arrangements for holding premiums

Please confirm the Limit of Indemnity under your Professional Indemnity Insurance

Please attach a copy of your current schedule / certificate of insurance

3. Bankers, Accountants & Auditors

Please provide details of your bankers for your client account

Bank name and address		Postcode
Account title	Sort Code	Account Number
Accountants name and address		Postcode
Auditors name and address if different from above		Postcode

4. Business Information

Please list your top 5 agencies with regard to premium income levels

1
2
3
4
5

Please provide details of any professional bodies you are a member of

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5. Compliance Verification

	Yes	No
5.1 Have any persons who hold a management position, been involved in liquidation, receivership, bankruptcy, dissolved, high court writ, voluntary wind up orders, been struck off or has any similar procedure pending?	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Have any persons who hold a management position, been convicted of any criminal offences, other than motoring offences?	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Have any persons who hold a management position, had the provision of a bond or fidelity guarantee in the past declined, terminated or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Have any persons who hold a management position, had an insurance agency or insurance agency application declined, terminated or restricted?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any question in this section please provide full details on a separate sheet.

6. References

Please provide details of three insurers who we could approach for references if required:

1
2
3

Please list details for all directors, principals/partners, senior managers, shareholders/owners and persons in charge of compliance:

Name in full	Director (Y/N)	Qualifications	Position	Prior experience if under 5 yrs in current position

Please supply a group structure chart if more appropriate to help explain the firms structure and details of any holding company(s)

Please list your top 5 product lines with regard to premium income along with each products % of your total income.

1		%
2		%
3		%
4		%
5		%

Year established	<input type="text"/>
Previous trading names in the last 5 years (if applicable)	<input type="text"/>
Number of employees: Full time	<input type="text"/>
Part time	<input type="text"/>
Type of premises occupied (eg Shop, Office)	<input type="text"/>
Gross premium income for last year	<input type="text"/>

Declaration

We understand a Terms of Business Agreement will govern how business is to be conducted in our dealings with Ark Insurance group. (Ark will forward Terms of Business for you to sign and return if your application is successful).

We declare that the information given in this application is accurate and complete and we agree that this application is the basis for the working relationship between ourselves and Ark Insurance Group. We understand that in the event that any of the information contained in this application form is not complete or accurate, our Terms of Business Agreement may be terminated by Ark Insurance Group at its sole discretion.

By signing this application we hereby consent to Ark Insurance Group to conduct a credit check (if deemed necessary) on the applicant and/or any of the directors or principals.

SIGNED _____

Position/Title

(authorised signatory)

DATE _____

Please complete this form in full, enclose the following documents and return to:

By Fax:
02476 449362

By Post:
Ark Property Owners Department
8 Orchard Court
Binley Business Park
Harry Weston Road
Coventry
CV3 2TQ

Checklist

- ✓ Copy of Professional Indemnity Insurance schedule
- ✓ Fully completed and signed application form