

## AGENCY APPLICATION FORM

In order to assist us with considering your agency application, please provide us with the following information:

Contact for this application:			
Telephone number:		Email address:	

Applicant name:			
Trading name(s):			
Business address:			
City:			
County:			
Postcode:		Date of establishment:	DD/MM/YYYY
Telephone number:		No. of years trading:	
Website:		Part of a Network? Please specify:	
Company Registration No.:		BIBA Membership No.:	
Lloyd's Broker No.:		FCA Registration No.:	
Directly authorised by FCA? <sup>2</sup> :	YES / NO	Ever been subject to investigation by FCA? <sup>3</sup> :	YES / NO

<sup>1</sup> If the applicant is part of a group, please provide details on any parent company and/or subsidiary company in the "Additional information" section.

<sup>2</sup> If the applicant is an appointed representative or any other status other than directly authorised please provide details in the "Additional information" section.

<sup>3</sup> If the applicant has been subject to investigation by the FCA, please provide full details in the "Additional information" section.

**Previous address if current business address held for less than three years:**

--

**Registered office if different from current business address:**

--

**Company status:**

Limited company      Partnership      PLC      Sole trader

**Please provide details of all Directors and Principals of the company below:**

Full name:			
Job title:			
Date of birth:		No. of years experience:	
Qualifications:			
Private address:			

## AGENCY APPLICATION FORM

Full name:			
Job title:			
Date of birth:		No. of years experience:	
Qualifications:			
Private address:			

Full name:			
Job title:			
Date of birth:		No. of years experience:	
Qualifications:			
Private address:			

Full name:			
Job title:			
Date of birth:		No. of years experience:	
Qualifications:			
Private address:			

### Professional indemnity insurance (PII):

Does the applicant's PII cover comply with FCA requirements? <sup>4</sup> :	YES / NO
---	----------

<sup>4</sup> Please attach a copy of the PII certificate and/or policy schedule.

### Monthly statement and credit control contact details:

Name of accounts and reconciliation contact:	
Email address:	

### Fitness and propriety:

Please provide details of any significant events that have occurred that may be relevant to this application, and which may affect the assessment of the application. If you're unsure whether an event or any information needs to be disclosed or answer "Yes" to any of the below questions, please include full details in the "Additional information" section.

Has any insurer or provider ever refused any agency application or cancelled an agency for any reason other than lack of support?	YES / NO
Has the applicant or any of its directors, partners, principals or senior staff ever been convicted of a criminal offence (other than minor motoring offences) not treated as spent under the Rehabilitation of Offenders Act 1974?	YES / NO
Has the applicant or any of its directors, partners or principals ever traded under another title or titles?	YES / NO

## AGENCY APPLICATION FORM

Has the applicant or any of its directors, partners or principals ever been declared bankrupt, made a voluntary arrangement with creditors, been a Limited Liability Company, ever gone into liquidation or receivership or been subject to an administration order?	YES / NO
Has the applicant or any of its directors, partners or principals been censured, disciplined or publicly criticised by any professional or government body to which the company or person belongs or belonged?	YES / NO
Has the applicant or any of its directors, partners or principals been dismissed from any office of employment or any representative position?	YES / NO
Is the applicant or any of its directors, partners or principals currently involved in any civil litigation or expecting to be?	YES / NO
Does the applicant or any of its directors, partners or principals have any knowledge of any allegations of negligence against the company?	YES / NO
Has the applicant or any of its directors, partners or principals had any order made against it under the Disqualification of Directors Act 1966?	YES / NO
Has the applicant or any of its directors, partners or principals had any High Court or Country Court judgements made against it?	YES / NO
Does the applicant or any of its directors, partners or principals have any loans or commission debts outstanding to any assurance company?	YES / NO

**Please provide details of the applicant's current insurance gross written premium income and how it is made up:**

Gross written premium income for your last complete financial year:	£
---	---

**Please confirm your percentage split between wholesale & retail:**

Retail:	%	Wholesale:	%
---------	---	------------	---

**Please confirm your percentage split between commercial & personal:**

Commercial Lines:	%	Personal Lines:	%
-------------------	---	-----------------	---

**Please provide us with an approximate split of the applicant's gross written premium income by your main lines of business:**

Home:	%	Motor:	%
Landlords:	%	Commercial SME:	%
Commercial Property:	%	Tradesman:	%
Commercial Packages:	%	Other Liability:	%
Entertainment:	%	Commercial Vehicle:	%

Please specify other:	
-----------------------	--

Software House and / or Trading Platform:	
Aggregator Website presence? Please specify:	
Do you have your own Quote & Buy website?	

**Please let us know how you heard about Modus and your main reason for seeking an agency appointment:**

--

## AGENCY APPLICATION FORM

**Additional information:**

**Declaration:**

The applicant applies for an agency with Modus on the basis of the information set out in the application form, and any other information supplied to Modus while this application is being considered. In consideration of Modus processing this application for an agency, the applicant agrees that:

1. It will notify Modus of any material change in the information provided to support this application; and of any disciplinary procedures undertaken by any regulatory or government body; and of any criminal proceedings undertaken against any person making this application; which occurs during the period in which the application is being considered.
2. It will notify Modus in the event that any of its directors, partners, principals or senior staff is convicted of a criminal offence (other than minor motoring offences) during the lifetime of the agency.
3. On appointment, it will be bound by the terms and conditions of Modus Terms of Business Agreement.
4. It undertakes to obtain all necessary consents prior to providing Modus with personal data in respect of any of the applicant's customers, employees or any third party to enable Modus to fairly and lawfully process such personal data in accordance with the Data Protection Act 1998. The information given in this application form will be personal data for the purpose of the Data Protection Act 1998.
5. It confirms that, having made all reasonable enquiries, the information provided in this application form is, to the best of its knowledge and belief, complete and accurate. The applicant understands that the supply of misleading information or any attempt to mislead Modus may render the applicant liable to have this application refused or, once granted, its agency immediately terminated without further notice.
6. Modus may make any necessary enquiries to process this application.

I confirm that the information in this application is accurate and complete to the best of my knowledge and belief.

The following signatory confirms that he or she has the authority to sign on behalf of the applicant.

This application shall be governed by English Law and Modus and the applicant submit to the exclusive jurisdiction of the courts of England and Wales for the resolution of any disputes arising out of it.

Person signing on behalf of the applicant:

Full name:		Date:	DD / MM / YYYY
Position:		Signature:	