**ACCURO UNDERWRITING | AGENCY APPLICATION**

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| **Business details** | | | | | | | | | | | | |
| **Registered name:** | | |  | | | | | | | | | |
| **Additional trading name(s):** | | |  | | | | | | | | | |
| **Company registration number:** | | |  | | | | | | | | | |
| **Business address:** | | |  | | | | | | | | | |
| **Business telephone:** | | | Landline:  Mobile: | | | | | | | | | |
| **Email:** | | |  | | | | | | | | | |
| **Other addresses (e.g. account statement address):** | | |  | | | | | | | | | |
| **Registered address (if different from above):** | | |  | | | | | | | | | |
| **How much GWP do you have relating to products for the care sector?** | | | £ | | | | | | | | | |
| **How is that GWP split?** | | | **Residential Care** | | **Supported Living** | | | | **Domiciliary Care** | | | **Other** |
| % | | % | | | | % | | | % |
| **Who are your top 3 providers for care at present?** | | |  | | | | | | | | | |
| **Details of Directors, Partners or Principal** | | | | | | | | | | | | |
| **Name** | | **Private address & telephone number** | | | | | **Age** | **Professional qualifications** | | | **Date of joining business** | |
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| **Date company established:** | | | |  | | | | | | | | |
| **Number of staff employed in the business:** | | | |  | | | | | | | | |
| **Give details of any holding, subsidiary or associated companies:** | | | |  | | | | | | | | |
| **Banking details** | | | | | | | | | | | | |
| **Are you a member of a Network for insurance broking?** | | | | Yes | | | | | | No | | |
| **Name and address of Network:** | | | |  | | | | | | | | |
| **Do you hold client money (and have regulatory permission to do so):** | | | | Yes | | | | | | No | | |
| **If holding client money, can you confirm that premiums collected on behalf of insurers will be kept in a separate bank account and held in trust pending settlement of their accounts?** | | | | Yes | | | | | | No | | |
| **If not holding client money, do you operate an insurers’ risk transfer account and do you make your customers aware that risk transfer is in place?** | | | | Yes | | | | | | No | | |
| **Name and address of bank:** | | | |  | | | | | | | | |
| **Account number (both client and business account):** | | | |  | | | | | | | | |
| **Sort code (both client and business account, if different):** | | | |  | | | | | | | | |
| **How long have you held an account with your bank in this business name?** | | | |  | | | | | | | | |
| **Professional Status –** the following details relate only to the applicant. Do not include details of any holding, subsidiary or associated companies. | | | | | | | | | | | | |
| **Are you authorised by the Financial Conduct Authority?** | | | | Yes | | | | | | No | | |
| **If the answer to the above question is YES, please state your Firm Reference**  **Number:** | | | |  | | | | | | | | |
| **Give details of any professional bodies to which you belong:** | | | |  | | | | | | | | |
| **Has the applicant or any Director, Partner or Principal of the applicant:-** | | | | | | | | | | | | |
| **Had any agency or similar agreement with any insurer refused or cancelled or had credit terms withdrawn?** | | | | Yes | | | | | | No | | |
| **Been subject to disciplinary proceedings instituted by any professional or regulatory body?** | | | | Yes | | | | | | No | | |
| **Been convicted of any criminal offence other than a minor motoring offence?** | | | | Yes | | | | | | No | | |
| **Been subject to a County Court judgement or order?** | | | | Yes | | | | | | No | | |
| **Been adjudged bankrupt, subject to a receiving order, entered into an arrangement with creditors or been involved with any business which has gone into liquidation, or is any such matter pending?** | | | | Yes | | | | | | No | | |
| **Any other business interests not disclosed in this application?** | | | | Yes | | | | | | No | | |
| **If the answer to any of these question is YES, please give details:** | | | |  | | | | | | | | |
| **Professional Indemnity Insurance** | | | | | | | | | | | | |
| **Do you hold Professional Indemnity Insurance? If YES, please state:** | | | | Yes | | | | | | No | | |
| **Name of insurer:** | | | |  | | | | | | | | |
| **Policy number:** | | | |  | | | | | | | | |
| **Limit of indemnity:** | | | |  | | | | | | | | |
| **Excess applicable:** | | | |  | | | | | | | | |
| **Expiry date:** | | | |  | | | | | | | | |
| **In respect of any current or previous professional indemnity insurance or proposal:** | | | | | | | | | | | | |
| **In the last five years, have there been any incidents resulting in a claim against you for negligence, errors or omissions involving Professional Indemnity Insurers or otherwise?** | | | | Yes | | | | | | No | | |
| **If the answer to above question is yes, please give details:** | | | |  | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | | |
| I/We hereby apply for agency facilities with Aldium Insurance Services Ltd trading as Accuro Underwriting and:   1. Confirm that to the best of my/our knowledge and belief that the information supplied is true and correct and nothing has been withheld which influence this application 2. Agree to accept and abide by the Terms of Business Agreement which forms the basis of this agreement 3. Agree to advise Accuro Underwriting of any material changes to the information supplied in the this agreement | | | | | | | | | | | | |
| **Date:** | **For an on behalf of the applicant** | | | | | **Designation** | | | | | | |
|  |  | | | | |  | | | | | | |
| **Authorised signature:** | | | | | | | | | | | | |

**Please attach a copy of your latest audited accounts, and professional indemnity certificate**