

J & M AGENCY APPLICATION FORM

1. COMPANY DETAILS

Registered name			
Trading name			
Trading address			
		Postcode	
Registered address <i>(if different from above)</i>			
		Postcode	
Please provide details of any other branches			
Telephone		Email	
Fax		Website	
Date business established		Registered number	
Type of Company <i>(i.e. Sole Trader/Partnership/Limited Company/Other – please give details)</i>			
If a Limited Company, please provide the Share Capital details:			
Authorised		Issued	
		Paid Up	
If there are any special charges or debentures on Capital or Assets, please give details:			
If you are associated with any other Company, please give details:			
If you have traded under a previous title in the last seven years, please give details:			
Director(s) /Principle	(1)	(2)	(3)
Name			
Home address			
Postcode			
Telephone			
No. of years at this address			
Date of birth			
No. of years insurance exp			
Qualifications			
Has any Director, Proprietor or Partner <i>(if you answer yes to the following questions, please provide a written statement containing full details and dates to accompany this declaration)</i>			Tick as appropriate
a) Had any insurance agency cancelled or refused (other than for lack of support)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Been adjudged bankrupt or subject to a receiving order or Count Court Judgement?			Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Been convicted of any criminal offence <i>(not treated as spent conviction under the Rehabilitation of Offenders Act 1974)</i> other than motoring convictions?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Day to day contact		FSA compliance officer	
Number of full time staff		Part time staff	

2. LICENCES / INSURANCE

Please provide the following:			
Financial Services Authorisation registration number			
Consumer Credit licence number			
Data Protection registration number			
Please provide details of your Professional Indemnity Insurance <i>(please note that it is a condition of agency facilities that adequate PI cover is in force at all times)</i>			
Insurer	Expiry date	Limit of indemnity	£
		Excess	£
Are you members of any professional insurance body (e.g. BIBA)? <i>(tick as applicable)</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	Registration no:		
Has any such application been refused / declined / cancelled / withdrawn? <i>(if yes, please give details)</i>			

3. ACCOUNTING

Please provide the name and address:			
Principle Bank			
		Postcode	
Account name	Sort code no:	Account no:	

Accountants		Postcode	
Auditors		Postcode	
When is your financial year end?			
If your invoicing address and contact details are different from your trading address and day to day contact please give details			
Address		Postcode	
Contact	Telephone	Fax	

4. BUSINESS OVERVIEW

For the last complete financial year, please provide a split of your income between the following classes of business:

	Premium Income £	Commission Income £
Personal lines		
Commercial motor		
Commercial (non motor)		
Professional indemnity		
Others (please state)		
Public & Private hire		

5. GENERAL INFORMATION

How did you hear about J&M?

What do you hope to gain by acquiring an agency facility with J&M?

Projected support levels with J&M

6. DECLARATION

I/We apply to J&M Insurance Services (UK) Limited for a facility for the purpose of handling Insurance business.

I/We declare that the information given in this application is true and complete and no material information has been withheld.

I/We also agree that this application shall be the basis for any appointment.

I/We also understand that if payment of the account and any documentation due is received later than the due date then the account will be suspended, until all outstanding premiums and paperwork is received and the funds have been cleared.

I/We also undertake to advise you in writing:-

- of any changes in address; or
- of any changes in Directors, Controllers, Principals or Partners; or
- of any change in the Capital Share or Partnership agreement; or
- in the event of the agent becoming bankrupt, insolvent, going into liquidation, entering into a composition with any creditors or a receiver being appointed; or
- if any Directors, Controllers, Principals or Partners of or employed by the Intermediary is or becomes subject to disciplinary proceedings instituted by any Professional or similar body; or
- of any convictions for Criminal offences (other than minor motoring offences) of any Director, Controller, Principle or Partners occurring after the date of this Application; or
- if any agency appointment with another insurer is terminated or suspended; or
- of any termination of registration under the Insurance Brokers (Registration) Act 1977; and
- of any change of the terms and conditions of cover of my/our professional indemnity policy.

PLEASE NOTE:

Pursuant to your application, we will make a search with a Credit Reference Agency who will keep a record of that search and will share that information with their businesses. We may also make enquiries about Directors with a Credit Reference Agency. Such searches and enquiries may be repeated from time to time. We will monitor and record information relating to your trade credit performance and such records may be made available to other organisations.

7. CHECK LIST

Please attach copies of the following documents to your agency application form and return to:

The Agency Department, Peregrine House, Falconry Court, Bakers Lane, Epping, Essex, CM16 5DQ

- Professional Indemnity schedule
- Company accounts past two trading years
- Any additional statements in respect of the information requested on this application
- Any additional information you wish taken into consideration when reviewing your agency application

8. DETAILS OF PERSON COMPLETING THE APPLICATION

Name		Date	
Position in company		Signature	