

AGENCY REVIEW QUESTIONNAIRE

1. COMPANY DETAILS

Agency reference

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	
Day to day contact			
Number of full time staff		Part time staff	
Please give the names of all Directors / Principles			
Please provide us with the current details of your Professional Indemnity (PI) Insurance			
Insurer		Expiry date	
		Limit of indemnity	£
		Policy excess	£

2. FSA

FSA compliance officer			FSA registration number	
FSA status <i>(tick as applicable)</i>	Authorised <input type="checkbox"/>	Appointed representative <input type="checkbox"/>	Introducer A.R	<input type="checkbox"/>
FSA visit	<i>(previous 12 months / pending – if yes, please provide details)</i>			
Client money <i>(please tick as applicable)</i>	Able to hold <input type="checkbox"/>	Unable to hold	<input type="checkbox"/>	
Do you hold the following FSA permissions to include Non-investment insurance contracts for both commercial and retail (Non-Investment Insurance) clients? <i>(tick as applicable)</i>				
Arranging (bringing about) deals in investments <input type="checkbox"/>	Dealing in investments as an agent <input type="checkbox"/>	Making arrangements with a view to transactions in investments	<input type="checkbox"/>	
What steps have been taken to comply with Commercial Customer Disclosure				

3. BUSINESS OVERVIEW *(public & private hire – individual & fleet)*

Premium income 2009	Individual £		When does your financial year end?	
	Fleet £			
Target premium income 2010	Individual £		Year to date premium income	Individual £
	Fleet £			Fleet £
% of business with J&M	Individual %		Fleets %	
New business conversion rate	Individual %		Renewal retention rate	Individual %
	Fleet %			Fleet %
Please provide details of your other taxi facilities	Insurer		Please confirm % support levels	Direct/wholesale <i>(please state)</i>
Where do your enquiries / leads come from?	<i>Please provide details i.e. internet / advertising / word of mouth etc.</i>			
Please provide percentage breakdown of policies written		Locally	%	Nationally
				%
Please provide breakdown of the policies written	Annual	Quarterly	Monthly	Weekly
	%	%	%	%
Please provide details of your taxi competitors	1.	2.	3.	
	4.	5.	6.	
Would you be interested in becoming a commercial agent of J&M?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
ON A SEPARATE SHEET, PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WISH TO BE TAKEN INTO CONSIDERATION FOR ACCEPTANCE WITH OUR NEW PROVIDERS AND SCHEMES.				

4. DETAILS OF THE PERSON COMPLETING THE QUESTIONNAIRE

Name		Date	
Position in company		Signature	