



UNITED KINGDOM GENERAL INSURANCE BUSINESS

**AGENCY APPLICATION
FORM**

CHECKLIST OF INFORMATION AND DOCUMENTATION WHICH MUST ACCOMPANY THIS APPLICATION

	Please tick box if Enclosed
A copy of your current Professional Indemnity insurance certificate	<input type="checkbox"/>
A FULL copy of your last 3 years audited accounts (latest accounts should be under 12 months old)	<input type="checkbox"/>
A copy of your business plan for new starters	<input type="checkbox"/>
A copy of your most recent RMAR submission	<input type="checkbox"/>

All correspondence should be addressed to:

Markerstudy Limited, Markerstudy House, 45 Westerham Road, Bessels Green, Sevenoaks, Kent, TN13 2QB.

Markerstudy Limited is an appointed service provider to but is not an agent of Markerstudy Insurance Company Limited.

Markerstudy Limited is registered in England & Wales No. 03969511 and authorised and regulated by the Financial Conduct Authority (No. 312214).

Markerstudy Insurance Company Limited, 846-848, Europort, Gibraltar

www.markerstudy.com

Markerstudy Insurance Company Limited is regulated by the Gibraltar Financial Services Commission and subject to a limited regulation by the Financial Conduct Authority in respect of underwriting insurance business in the UK (No. 206322).

**PLEASE ANSWER ALL QUESTIONS USING BLOCK CAPITALS WHERE APPROPRIATE AND
CONTINUE ON A SEPARATE SHEET IF NECESSARY**

Intermediary name and Trading title in full:

Business address: Postcode

Telephone Number: Fax number:

Company registered Number: Email address:

Website address: www.

Registered office address: (if different from above) Postcode

Year business established: Number of staff:

Previous trading titles or styles:

Have you previously applied for agency facilities with Markerstudy Insurance Company Limited in a different name? YES NO

If yes, please provide name:

Business Type: Limited Company Public Limited Company
Limited Liability Partnership Partnership
Sole Trader Private Unlimited

Data Protection No:

What is the status of your application for FCA registration? Authorised Rejected Pending

Please note that we are unable to offer you trading facilities until FCA authorised.

Please include your FCA Firm Reference Number:

Is income derived from insurance mediation activities? YES NO

If no, please give details:

Compliance contact name/ email address/ phone no:

Please provide details of any Trade Organisations, Associations or Marketing Groups of which you are a member:

Please provide full details of any Introducers, Sub Agency or Sub Broking arrangements you presently have. Sub-broking is not permitted unless it is with our prior written permission. Please note we do not delegate risk transfer: (IF NOT PLEASE STATE HERE)

Leading 5 agencies held by premium income e.g Aviva, Zurich:

Do you have Claims Handling/Delegated authority facility? YES NO

Quotation systems used including version number:

Add in which documents you issue? Temporary Cover note Certificate Schedule Proposal/ SOF Key Facts

Please tick if you have EDI facilities:

Private Car	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	ID Number	<input style="width: 150px;" type="text"/>
Motorcycle	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	ID Number	<input style="width: 150px;" type="text"/>
Commercial Vehicle	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	ID Number	<input style="width: 150px;" type="text"/>
Taxi	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	ID Number	<input style="width: 150px;" type="text"/>

Annual Gross Premium Income

Private Car	<input style="width: 150px;" type="text"/>
Motorcycle	<input style="width: 150px;" type="text"/>
Taxi	<input style="width: 150px;" type="text"/>
Fleet	<input style="width: 150px;" type="text"/>
Commercial Vehicle	<input style="width: 150px;" type="text"/>
Travel	<input style="width: 150px;" type="text"/>
Personal Accident	<input style="width: 150px;" type="text"/>
Commercial	<input style="width: 150px;" type="text"/>
Household	<input style="width: 150px;" type="text"/>
Motor trade	<input style="width: 150px;" type="text"/>
Other (Specify _____)	<input style="width: 150px;" type="text"/>
Total	<input style="width: 150px;" type="text"/>

Do you have FCA authorisation to hold / control Client money?

YES NO

Is a separate designated bank account maintained to hold Insurer money and/or Client money?

YES NO

If 'No' please state in which account insurer funds are held:

[Empty text box for insurer funds account details]

Please provide details of any charges on this account:

[Empty text box for account charges details]

Name, address and account number of your company's bankers:

[Empty text box for bankers details, with 'Postcode' label at the bottom right]

Name and address of your accountant/ auditors:

[Empty text box for accountant/auditors details, with 'Postcode' label at the bottom right]

Permission to request bank references:

YES NO

Please state when your financial year ends:

[Empty text box for financial year end date]

Do you currently hold a consumer credit license under the Consumer Credit Act 1974?

YES NO

Do you offer premium instalment facilities (either through your consumer credit license or through an external agency)?

YES NO

Name of Ultimate Holding Company, Parent Company, subsidiary company(s) or associated company(s) and partnerships:

Name:	<input type="text"/>	Company's registered number:	<input type="text"/>
Relationship:	<input type="text"/>		
Name:	<input type="text"/>	Company's registered number:	<input type="text"/>
Relationship:	<input type="text"/>		
Name:	<input type="text"/>	Company's registered number:	<input type="text"/>
Relationship:	<input type="text"/>		

Please complete in respect of ALL Directors, non Executive Directors, Shadow Directors, Principals, Partners and Managers and if necessary Attach a current C.V. If necessary, please photocopy this section to add additional Director details and attach to completed application.

Name in Full: Date of Birth:

Other names/ Titles used currently or previously

Position: Year of appointment to present position:

Professional Qualifications:

Business History Experience (including current/previous Directorships)

Private/ Home address: Postcode

We/Our Service Provider will make a search of your company with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquires about the principal directors with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We will monitor and record information relating to your trade credit Performance, and such records relating to the applicant and the Principals will be made available to, and may be shared with other organisations, insurers and trade associations to asses applications for credit, for the recovery of debts, for the purpose of Agency Management, fraud prevention and the tracing of debtors.

I agree to personal credit searches being undertaken in relation to the information I have provided above:

Signature:

Name in Full: Date of Birth:

Other names/ Titles used currently or previously

Position: Year of appointment to present position:

Professional Qualifications:

Business History Experience (including current/previous Directorships)

Private/ Home address: Postcode

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I agree to personal credit searches being undertaken in relation to the information I have provided above:

Signature:

Have you or any of the Company's Directors, Principals, Partners or Managers ever had an application to enter into an Intermediary Trading Agreement declined or terminated?
If yes, please give details below:

YES NO

Have you or any of the Company's Directors, Principals, Partners or Managers ever been convicted of a criminal offence other than a motoring offence involving a non-custodial sentence?
If yes, please give details below:

YES NO

Have you or any of the Company's Directors, Principals, Partners or Managers or any other organisation in which you or they have held a managerial/directorship position ever been involved in liquidation, receivership or bankruptcy, received a County Court Judgement, an administration ordered or entered into an arrangement with creditors or is any such matter pending?
If yes, please give details below:

YES NO

Have you or any of the Company's Directors, Principals, Partners or Managers had any previous PI insurance claims?
If yes, please give details below:

YES NO

If your application is accepted are you able to provide a Personal/Parental Guarantee?
If 'Yes' please complete relevant Guarantee form.

YES NO

Declaration

I/We wish to apply to Markerstudy Group to enter into an Intermediary Trading Agreement.

I/We declare that the information given in this application is true and complete and this application shall be the basis of any Intermediary Appointment.

I/We undertake to advise immediately details of any charges to the enclosed information. This undertaking is to be a continuing obligation on our part and, in particular, will survive the entering into by us of any Intermediary Appointment.

I/We confirm that references may be sought from any source as considered necessary in relation to this application.

I/We understand that the information in this application form may be used for credit scoring and/or to request a credit reference from one or more credit reference agencies and will be subject to analysis to enable a decision to be made and to administer the services supplied to me/us. I/We acknowledge that a search will be made of our company with a credit reference agency, which will keep a record of that search and will share that information with other businesses. I/We acknowledge that enquires may be made about our principal directors with a credit reference agency, which keep a record of that search and will share that information with other businesses.

I/We acknowledge that information will be monitored and recorded on an ongoing basis in relation to our trade credit performance, and such records, relation to our company and our principal directors will be made available to, and may be shared with, other organisations, insurers and trade associations to assess applications for credit, for the recovery of debts for the purposes of Agency management, fraud prevention and the tracing of debtors.

For the purposes of the Data Protection Act 1998 the data controller in relation to the information we supply is the UK Service Provider to Markerstudy Group, Markerstudy Insurance Company Limited (MICL)

By signing this document I/We agree that MICL, on behalf of Markerstudy Group, may hold and process, by computer or otherwise, any Information about me/us resulting from this application. I/We also agree that information MICL has obtained in relation to my/our application can be shared by MICL with other group companies, whether in the UK or overseas, to review my application for credit assessment purposes, for marketing purposes, and to help MICL to carry out research or provide statistical analysis.

I/We acknowledge our legal right to receive a copy of any information held about us on payment of a small fee to MICL. MICL may also release any information to any persona who takes over their rights under this application.

Director/ Principal signatory:

Date:

Name:

Position:



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