



Leadenhall Insurance Brokers Ltd
Producer Agency Application Form
 12 Imperial Square, Cheltenham, Gloucestershire, GL50 1QB

Your answers will be treated as strictly private and confidential. Please complete, sign and date this form and return to Charlie Harden at the above address.

Section 1

Company Details

(a)	Name (including subsidiaries or trading names, if applicable):	
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(b)	Postal Address (all premises):	
	Postcode:	

(c)	Telephone Number:	
	E-mail Address:	
	Website Address:	

(d)	Date Business Established:		Number of Staff:	
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(e)	What is the trading status of the Business?:	Sole Trader	Partnership
		Limited Liability Partnership	Other (please specify)
		PLC	Part of a Group
		Limited Company	

(f)	Company Registration Number (if applicable):	
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(g)	Please provide details of all Directors, Partners or Executives and any Key Personnel with significant influence in the business:	Name:	Age:
		Qualifications:	Date
		Position:	Qualified:
		Name:	Age:
		Qualifications:	Date
		Position:	Qualified:
	<i>Please continue on Section 6 for any additional Directors/Partners</i>		

(h)	Does the Company transact Insurance Business only?:	Yes:	No:
			If "No", please state which:

Section 1 (continued)

Company Details

(i)	Which classes of business within the Insurance industry do you specialise in and/or will be concentrating on?:		
(j)	What is the Capital of the Company (if a Limited Company or PLC)?: (GBP/EUR Please specify)	Authorised (GBP/EUR) <input type="text"/>	Paid Up (GBP/EUR) <input type="text"/>
(k)	Who owns the share capital?:	Shareholders Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 2

FSA & Any Other Regulatory Body Details

(a)	Are you authorised to transact business by the FSA (or if appropriate by the Central Bank of Ireland)?:	Yes: No:	If "Yes", please state firm reference number: <input type="text"/> And/or individual reference number: <input type="text"/>
(b)	Have you ever been an Appointed Representative in the past?:	Yes: No:	If "Yes", what was the principal's Name?: <input type="text"/>
(c)	Are you a Travel Agent?:	Yes: No:	If "Yes", please state your ABTA number: <input type="text"/>
(d)	Are you a member of any Professional Trade Organisations/Bodies such as BIBA?:	Yes: No:	If "Yes", please state which: <input type="text"/>
(e)	Has any application for membership of any of these Professional Trade Organisations/Bodies ever been refused, cancelled, declined or withdrawn?:	Yes: No:	If "Yes", please state which one and the reason: <input type="text"/>

(a)	Do you have Professional Indemnity Insurance in place?:	Yes: No:	<i>If “No”, please proceed to question (g) below</i>
(b)	Name and Address of Insurer or Lloyd’s Syndicate:		
(c)	Policy Number:	<i>Please provide a copy of your latest PI Certificate</i>	
(d)	Period of Insurance:	From:	To:
(e)	Limit of Indemnity: (GBP/EUR Please specify)	[]	Any one Claim []
			In the Aggregate []
(f)	Amount of Deductible, Excess or any Self-Insured amount: (GBP/EUR Please Specify)	[]	
(g)	Do you maintain Fidelity Insurance for all Officers and Directors?:	Yes: No:	<i>If “Yes”, please provide brief details:</i> []
(h)	Has any Claim ever been made under your E&O/Fidelity/D&O policy(ies) in the past five years?:	Yes: No:	<i>If “Yes”, please provide brief details:</i> []
(i)	Has it been necessary for you to advise your PI Insurers of any circumstances which you believe might give rise to a Claim under the policy, even if this subsequently did not happen?:	Yes: No:	<i>If “Yes”, please provide brief details:</i> []

<p>(a)</p>	<p>Please provide the Names and Addresses of your two largest Agency Accounts to whom we may approach for a reference, if necessary:</p>	<p>Reference 1</p> <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> <p>Reference 2</p> <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<p>(b)</p>	<p>Have you any existing facilities with Lloyd's Syndicates either direct or through Lloyd's Brokers?:</p>	<p>Yes: If "Yes", please provide brief details: No: <div style="background-color: #cccccc; height: 80px; width: 100%;"></div></p>
<p>(c)</p>	<p>Has any insurer, syndicate or broker (Lloyd's or otherwise) refused cancelled or withdrawn your agency?:</p>	<p>Yes: If "Yes", please provide brief details: No: <div style="background-color: #cccccc; height: 80px; width: 100%;"></div></p>
<p>(d)</p>	<p>Please provide Name and Address of your Bankers/Auditors to whom we may apply for a financial reference if necessary:</p>	<div style="background-color: #cccccc; height: 80px; width: 100%;"></div>
<p>(e)</p>	<p>For the purpose of payment by BACS, please provide us with the appropriate bank details:</p>	<p>Account Number <div style="background-color: #cccccc; width: 100%;"></div></p> <p>Account Name <div style="background-color: #cccccc; width: 100%;"></div></p> <p>Bank Branch <div style="background-color: #cccccc; width: 100%;"></div></p> <p>Sort Code <div style="background-color: #cccccc; width: 100%;"></div></p>

(f)	What is your estimated income for the current accounting reporting period?: (GBP/EUR Please specify)	From: <input type="text"/>	To: <input type="text"/>	
			<i>Commercial</i>	<i>Personal Lines</i>
		Insurance Income: (GBP/EUR)	<input type="text"/>	<input type="text"/>
		Other Income: (GBP/EUR)	<input type="text"/>	<input type="text"/>
		Total Income: (GBP/EUR)	<input type="text"/>	<input type="text"/>
<i>Please provide a copy of your latest audited accounts, including director reports and financial statements</i>				

Section 5

Fitness and Property

(a)	Has any Director, Partner, Executive or Senior Employee have any criminal convictions (other than driving offences), or implicated in such an act by a legally constituted court by Court of Justice?:	Yes: No:	If "Yes", please provide details: <input type="text"/>
(b)	Is any Director, Partner, Executive or Senior Employee subject to any current criminal proceedings?:	Yes: No:	If "Yes", please provide details: <input type="text"/>
(c)	Has any Director, Partner, Executive or Senior Employee ever been given a caution in relation to any criminal offence?:	Yes: No:	If "Yes", please provide details: <input type="text"/>
(d)	Has any Director, Partner, Executive or Senior Employee ever had a County Court Judgement ("CCJ") or other judgement debt, whether satisfied or not and whether discharged or not, or aware of any proceedings that have begun, or anybody's intention to begin proceedings?:	Yes: No:	If "Yes", please provide details: <input type="text"/>

(e)	Has any Director, Partner, Executive or Senior Employee ever been the subject of an action or any bankruptcy or CVA proceedings, or proceedings for the sequestration of your/Company estate?:	Yes: No:	If "Yes", please provide details: 
(f)	Has any Director, Partner, Executive or Senior Employee ever been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with Creditors?:	Yes: No:	If "Yes", please provide details: 
(g)	Has any Director, Partner, Executive or Senior Employee ever been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?:	Yes: No:	If "Yes", please provide details: 

Principal Contact:

Title

First Name

Surname

E-mail Address

Job Title

Commercial Contact:

Title

First Name

Surname

E-mail Address

Job Title

Personal Lines Contact:

Title

First Name

Surname

E-mail Address

Job Title

Compliance Contact:

Title

First Name

Surname

E-mail Address

Job Title

Accounts Contact:

Title

First Name

Surname

E-mail Address

Job Title

- If there is any other information you consider to be relevant to this application, it must be included here.
- Please also include here any additional information indicated in previous sections of the form.
- If there is insufficient space, please continue on a separate sheet.

Question

Information

Please indicate how many additional sheets are being submitted, if applicable:

Declaration of Applicant:

It should not be assumed that information is known to Leadenhall Insurance Brokers Limited merely because it is in the public domain or has previously been disclosed to Leadenhall Insurance Brokers Limited. If there is any doubt about the relevance of information, it should be included.

For the purpose of complying with the Data Protection Act, the personal information provided in this Form will be used by Leadenhall Insurance Brokers Limited solely as a means of due diligence as part of the application process to become an authorised agent, and will not be disclosed for any other purpose without the permission of the applicant.

With reference to the above, Leadenhall Insurance Brokers Limited may seek to verify the information given in this form including answers pertaining to fitness and property. This may include a credit reference check.

In signing the form below,

- I authorise Leadenhall Insurance Brokers Limited to make such enquiries and seek such further information as is deemed appropriate in the course of verifying the information given in this form.
- I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.
- I confirm I understand the regulatory responsibilities as an authorised agent of Leadenhall Insurance Brokers Limited.
- I am familiar with the requirements of the Consumer Credit Act 1974.
- I undertake to advise Leadenhall Insurance Brokers Limited in writing any changes in circumstances in respect of this application, including:
 - Any change of address;
 - Any changes of Directors, Partners, Executives, Principals or Senior Employees;
 - In the event of Bankruptcy, insolvency, going into liquidation, entering into an arrangement or composition with any creditors or a receiver being appointed;
 - If any Director, Partner, Executive, Principal or Senior Employee becomes subject to disciplinary or investigatory proceedings instituted by any professional body, trade association or regulatory body;
 - Changes to your Professional Indemnity Insurance.

Full Name:

Signature:

Position in Company:

Date:

Checklist of Additional Information

The completed Application should have the following documents attached:

- A copy of your latest accounts and annual report
- A copy of your current Professional Indemnity or Errors and Omissions Certificate
- A copy of any applicable current Fidelity Insurance
- A copy of any applicable group structure chart