



BROKING ONLINE

EASY BROKING ONLINE LTD .

Minorities House
2-5 Minorities
London, EC3N 1BJ

Application for Agency Facilities

Company details:

Registered Company Name:

Full Trading Title:

Registered address:

Telephone number:

Fax number:

E-mail address:

Website:

Date Business Established:

Type of Company:

(e.g. sole trader, partnership, private or public limited company)

If a limited company please provide details of:

Company registration number:

Number of authorised shares:

How many shares are paid up as capital of the Company:

**Is the Company a member of any professional insurance body (Yes/No)?
(If yes, please provide details including registration number):**

**Has any such application to a professional body ever been refused/declined/withdrawn
(Yes/No)?**

(If yes, please provide details):

FSA registration number:

Please provide credit licence number:

Please provide Data Protection Act registration number:
(Copy certificates must be provided with this application)

Details of Professional Indemnity Insurers:

Insurer:

Indemnity Limit:

Renewal Date:

N. B. (Please attach a copy of the Certificate of Insurance)

Details of Banking arrangements:

Is Client Money held in a statutory or non-statutory bank account?

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Please provide name and address of the firm's Bank:

Bank reference authorisation:

To (Bank):

Address (Bank):

"We - Name of firm:

.....

Address:

Account Number:

Sort Code:

Consent to your providing orally or in writing, a reference to Easy Broking Online Ltd. or their bankers as requested.

Signed:

.....

Dated:

For and on behalf of:

Details of Director(s)/Principal(s)/Partner(s):

Name(s):

Date of Birth:

Qualifications:

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FSA Individual Registration Number:

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Number of years of general insurance experience:

Name of Compliance Officer:

Name of Apportionment & Oversight Officer:

Has any Director, Principal or Partner:

**1. Had an insurance agency cancelled or refused (Yes/No)?
(If yes, please provide details):**

**2. Been adjudged bankrupt or subject to a receiving order or County Court judgement (Yes/No)?
(If yes, please provide details):**

**3. Been convicted of any criminal offence (not treated as spent under the Rehabilitation of Offenders Act 1974) (Yes/No)?
(If yes, please provide details):**

Commercial Account/Broking Details:

Commercial Premium Income:

Personal Lines Premium Income:

Other (please specify):

Details of any special products or schemes:

Details of five major Commercial/SME insurance carriers that you have agency facilities:

Please provide details of any Network or buying group membership(s) to which you belong:

Details of any guaranteeing brokers/intermediaries:

Which Lloyd's Motor and Non-Motor Agencies do these intermediaries guarantee on your behalf?

Please provide details of any sub-broking activities carried out on behalf of other Intermediaries:

Please note that Easy Broking Online Ltd. will not accept any sub-broked business on any of its binding authorities unless specifically agreed.

Declaration:

I/We* make application to be appointed to represent Easy Broking Online Ltd. (as an agent) and hereby agree that Easy Broking Online Ltd. may seek references and make any necessary enquiries to process this application.

I/We* agree that if this application is accepted the appointment shall be governed by the Terms of Business Agreement provided by Easy Broking Online Ltd.

I/We* confirm that the information declared with this application is true and accurate and that any other relevant information has not been withheld. Any attempt to mislead or supply false information to Easy Broking Online Ltd. will result in the application being rejected.

I/We* agree that Easy Broking Online Ltd. may disclose information from this application in order to secure agency facilities on our behalf.

I/We* hereby certify that the above information is complete and correct to the best of my/our knowledge and belief:

Name (Print Name):

Signed:

Position in Company:

Date:

* Delete as applicable